

CliftonLarsonAllen LLP CLAconnect.com

MONUMENT ACADEMY

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

| | ***** THIS IS NOT A FILEABLE COPY ***** | 1 | OMB No. 1545-0047 |
|--|---|---|--|
| Form 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | F | ONB NO. 1343-0047 |
| | For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , | 20 21 | 0000 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. | | 2020 |
| Name of exempt organization | | Taxpayer ic | dentification number |
| MONUMENT ACAD | EMY | 27-00 |)14128 |
| Name and title of officer or pe | | | |
| MARC BROCKLEH | | | |
| CHIEF FINANCI | AL OFFICER Return and Return Information (Whole Dollars Only) | | |
| | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from | m the return | |
| check the box on line 1a, a blank, then leave line 1b, a | 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I. | this form w | as |
| 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _ | 9,349,808. |
| 2a Form 990-EZ check h | | 2b | |
| 3a Form 1120-POL chec | | | |
| 4a Form 990-PF check h 5a Form 8868 check here | | | |
| 6a Form 990-T check he | | | |
| 7a Form 4720 check here | b Total tax (Form 4720. Part III. line 1) | | |
| Part II Declarat | ion and Signature Authorization of Officer or Person Subject to Tax | | |
| Under penalties of perjury, | I declare that X I am an officer of the above organization or I am a person sub | | |
| (name of organization) | , (EIN), rn and accompanying schedules and statements, and, to the best of my knowledge and b | | |
| to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne | mediate service provider, transmitter, or electronic return originator (ERO) to send the retu an acknowledgement of receipt or reason for rejection of the transmission, (b) the reaso fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior t thorize the financial institutions involved in the processing of the electronic payment of tax cessary to answer inquiries and resolve issues related to the payment. I have selected a p as my signature for the electronic return and, if applicable, the consent to electronic func | n for any de esignated Fi e tax prepar account. To to the paym xes to recei bersonal ds withdraw | elay in inancial ration revoke ent ent ive ral. |
| X I authorize CL | IFTONLARSONALLEN LLP | to enter my | PIN 14128 |
| | ERO firm name | | Enter five numbers, but do not enter all zeros |
| a state agency(i PIN on the retur As an officer or electronically file | on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforemer n's disclosure consent screen. Deerson subject to tax with respect to the organization, I will enter my PIN as my signature id return. If I have indicated within this return that a copy of the return is being filed with a les as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure con | on the tax y | D to enter my year 2020 cy(ies) |
| Signature of officer or person subjection Part III Certifica | tto tax ▶ ***** THIS IS NOT A FILEABLE COPY *** tion and Authentication | Date | • |
| ERO's EFIN/PIN. Enter yo | ur six-digit electronic filing identification | | |
| number (EFIN) followed by | your five-digit self-selected PIN. 84780355902 Do not enter all zeros | | |
| - | neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate sturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa siness Returns. | | |
| ERO's signature 🕨 SARA | H HINTZ Date ► 05/ | 06/22 | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S | So | |
| LHA For Paperwork Rec | uction Act Notice, see instructions. | | Form 8879-EO (2020) |
| 023051 11-03-20 | | | |

011-0451

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| Туре о | ype or Name of exempt organization or other filer, see instructions. Taxple | | | Taxpaye | Taxpayer identification number (TIN) | | |
|--|---|----------------|---|--------------------------|---|-------------------|--|
| print | rint MONUMENT ACADEMY | | | | 27-0014128 | | |
| filing you return. Se | e date for Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | |
| Enter t | ne Return Code for the return that this application is for (| file a separat | e application for each return) | | | 0 1 | |
| Applic | ation | Return | Application | | | Return | |
| Is For | | Code | Is For | | | Code | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 | |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 9 | 90-T (trust other than above) MARC BROCKLEHU | 06 | Form 8870 | | | 12 | |
| If th box 1 1 t 1 | e organization does not have an office or place of busine is is for a Group Return, enter the organization's four digi If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the or | it Group Exe | mption Number (GEN) ch a list with the names and TINs of <u>X 16, 2022</u> , to file return for: d ending <u>JUN 30, 2021</u> | f this is fo all memb | r the whole ers the ext npt organiz | group, check this | |
| | f this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions. | 0, or 6069, e | enter the tentative tax, less | 3a | \$ | 0. | |
| | t this application is for Forms 990-PF, 990-T, 4720, or 606 estimated tax payments made. Include any prior year over | · · | | 3b | \$ | 0. | |
| | Balance due. Subtract line 3b from line 3a. Include your p Ising EFTPS (Electronic Federal Tax Payment System). S | • | | 3c | \$ | 0. | |
| Cautio instruc | n: If you are going to make an electronic funds withdraws tions. For Privacy Act and Paperwork Reduction Act Notice | | · · | 153-EO an | | 79-EO for payment | |

11150506 131839 011-045596

| Form | 990 |
|------|------------|
| Form | 990 |

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



| <u>A</u> | For th | e 2020 calendar year, or tax year beginning $ { m JUL}1,2020$ and $$ | ending J | <u>UN 30, 2021</u> | | | | |
|-------------------------|------------------------|---|---|------------------------------|-----------------------------|--|--|--|
| Β | Check if applicab | le: C Name of organization | C Name of organization D Employer identification number | | | | | |
| | Addre | MONUMENT ACADEMY | MONUMENT ACADEMY | | | | | |
| | Name chang | pe Doing business as | Doing business as 2 | | | | | |
| | Initial returr | Number and street (or P.U. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | |
| | Final returr | V 1150 VILLAGE RIDGE POINT | | 719-481-3 | | | | |
| | termii ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 9,349,808. | | | |
| | Amer | MONOMENT, CO 80132 | | H(a) Is this a group re | | | | |
| | Appli tion pendi | F Name and address of principal officer: MERLIN HOLMES | | for subordinates | ? Yes X No | | | |
| | - | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | | |
| | | x = x = x = x = x = x = x = x = x = x = | or 527 | 1 | list. See instructions | | | |
| | | ite: WWW.MONUMENTACADEMY.NET | | H(c) Group exemptio | | | | |
| | | f organization: X Corporation Trust Association Other > | L Year | of formation: 1995 N | State of legal domicile: CC | | | |
| Pa | art I | Summary | | | | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: THE M | MISSIO | N OF MONUMER | NT ACADEMY | | | |
| anc | | IS TO PROVIDE A RIGOROUS, CONTENT-RICH AC. | | | | | | |
| Activities & Governance | 2 | Check this box Check | | | | | | |
| õ | 3 | | | | 5 | | | |
| ू ब | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 246 | | | |
| ies | 5 | | | | | | | |
| tivit | 6 | Total number of volunteers (estimate if necessary) | | | <u>450</u> 0. | | | |
| Ac | /a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | Prior Year | Current Year | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 8,167,398. | 8,736,895. | | | |
| anc | 9 | Program service revenue (Part VIII, line 2g) | | 400,520. | 583,520. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 33,361. | 20,645. | | | |
| å | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,427. | 8,748. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 8,602,706. | 9,349,808. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 5,443,265. | 6,009,809. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| Del | . ь | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | |
| ŵ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,454,322. | 2,760,741. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,897,587. | 8,770,550. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 705,119. | 579,258. | | | |
| S OF | 6 | | Be | ginning of Current Year | End of Year | | | |
| Assets (| 20 | Total assets (Part X, line 16) | | 5,630,300. | 8,682,012. | | | |
| tAs | 21 | Total liabilities (Part X, line 26) | | 19,717,640. | 18,766,801. | | | |
| Re | 22 | Net assets or fund balances. Subtract line 21 from line 20 | – | 14,087,340. | -10,084,789. | | | |
| Pá | art II | Signature Block | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | | Signature | of officer | | | | | | | | Date | | | |
|-------------|--|--------------|-----------------|-------|---------|------------|-----------|-------|-----|-------|-------------------|--------|------|---|
| Here | | MARC | BROCKL | EHURS | T, CHIE | F FI | NANCIAL | OFFIC | CER | | | | | |
| | | Type or pi | rint name and t | itle | | | | | | | | | | |
| | Prin | nt/Type prep | arer's name | | | Preparer's | signature | | | Date | Check |] PTIN | | |
| Paid | SAI | RAH HI | INTZ | | 1 | SARAH | HINTZ | | | 05/06 | /22 self-employed | P0049 | 2291 | |
| Preparer | Firm | n's name | ▶ CLIFT | ONLAF | SONALLE | N LL | P | | | | Firm's EIN 🕨 4 | 1-0746 | 749 | |
| Use Only | Firm | n's address | 8390 | EAST | CRESCEN | T PA | RKWAY, | SUITE | 300 |) | - | | | |
| | | | GREEN | WOOD | VILLAGE | , co | 80111 | | | | Phone no. (30 | 3) 779 | -571 | 0 |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | |
| 032001 12-2 | 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) | | | | | | | | | | | | | |

| Form | 990 (2020) MONUMENT ACADEMY | 27-0014128 Page 2 |
|--------|--|---------------------------------------|
| Par | t III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | THE MISSION OF MONUMENT ACADEMY IS TO PROVIDE A C | |
| | CONTENT-RICH, ACADEMIC PROGRAM OFFERED WITHIN AN | · · · · · · · · · · · · · · · · · · · |
| | POSITIVE LEARNING ENVIRONMENT. ESTABLISHED ON A | |
| | KNOWLEDGE, MONUMENT ACADEMY EMPHASIZES ACADEMIC E | |
| 2 | Did the organization undertake any significant program services during the year which were not lis | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any progra | am services? |
| 3 | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program | services as measured by expenses |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$5,466,802. including grants of \$ | 0.) (Revenue \$ 583,520.) |
| | MONUMENT ACADEMY PROVIDES EDUCATIONAL SERVICES FOR | |
| | PRESCHOOL THROUGH 9TH GRADE STUDENTS. | |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► 5,466,802. | _ 000 / |
| | | Form 990 (2020) |
| 032002 | 2 12-23-20 ว | |

| Form | 990 | (2020) |
|--------|-----|--------|
| FUIIII | 330 | (2020) |

 Form 990 (2020)
 MONUMENT
 ACADEMY

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|---|--------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | 37 |
| - | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | - | | v |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | x |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| 0 | Schedule D, Part III | 8 | | |
| 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? | | | |
| | | 9 | х | |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | - 23 | |
| 10 | | 10 | | х |
| 11 | or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | 10 | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 77 |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | v |
| 00- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | x |
| 132003 | 12-23-20 | | 990 | (2020) |
| 02000 | | 1 0111 | | |

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| Form | aan | (2020) |
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| FUIII | 990 | (2020) |

 Form 990 (2020)
 MONUMENT
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 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|--|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | x |
| | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | 32 | | x |
| 33 | Schedule N, Part II | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - 55 | | |
| 04 | | 34 | х | |
| 35a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22 | - | | |
| | 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 | | v | |
| | (gambling) winnings to prize winners? | <u>1c</u> | X | (2020) |
| U32004 | ↓ 12-23-20 | Form | 550 | (2020) |

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| Form 990 (2020) MONUMENT ACADEMY 27-0014128 Pag | | | | |
|---|--|----------|-----|----------|
| Par | TV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 246 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country 🕨 | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 6a | | x |
| | any contributions that were not tax deductible as charitable contributions? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7. | | x |
| a L | 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 7⊳ | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 70 | | x |
| h | to file Form 8282? | 7c | | |
| | | 7e | | x |
| e f | Did the experimentary during the user required time during the experimentary of the extension of the extensi | 7e 7f | | X |
| fg | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 9 h | If the organization received a contribution of qualified intellectual property, did the organization merior boss as required in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | / | | |
| Ū | | 8 | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| 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 | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| С | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 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 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

| Form | 990 | (2020) |
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| Form | 990 (2020) MONUMENT ACADEMY | | 27-001 | 4128 | Р | age 6 |
|--------|---|----------------------|------------------|-----------|--------------|--------|
| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough 7 | b below, and for | a "No" r | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | ny other | | | |
| | officer, director, trustee, or key employee? | | - | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | • | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | Х | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | | X |
| 6 | Did the organization have members or stockholders? | | | | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | |
| | more members of the governing body? | | | 7a | х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | |
| | persons other than the governing body? | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| a | The governing body? | | - | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | | | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | | |
| Ū | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue (| code) | | | 1 |
| | | <u>rondo c</u> | ,000.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | |
| | | | , | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 0 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " | | | | | |
| | in Schedule O how this was done | , | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| | Other officers or key employees of the organization | | | | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent wit | ha | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | 1 |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990- ⁻ | (Section 501(c) | (3)s onlv | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | ((-) | (-), | | |
| | Own website Another's website X Upon request Other (explain | on Sch | edule ()) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | | and finan | cial | |
| | 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 boo | ks and | records | | | |
| _• | MARC BROCKLEHURST - 719-481-1950 | | | | | |
| | 1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132 | | | | | |
| 032006 | 12-23-20 | | | Forr | n 990 | (2020) |
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11

| Form 990 (2020) | MONUMENT ACADEMY | 27-001 4 128 _P | Page 7 | | | | | |
|--|---|--|--------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Employ | ees, and Independent Contractors | | | | | | | |
| Check if S | Schedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. Officers, | , Directors, Trustees, Key Employees, and Highest Compensated Emp | ployees | | | | | | |
| 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 org | ganization's current officers, directors, trustees (whether individuals or or | rganizations), regardless of amount of compensatio | n. | | | | | |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|-------------------------|-----------------------|---|---|------------|--------------|---------------------------------|--------------|-----------------|-----------------|-----------------------------|
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | n an | compensation | compensation | amount of | | |
| | week | | cer ar I | | Irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | 66 | bens | | (W-2/1099-MISC) | | organization and related |
| | below | lual tr | tional | | nploy | st con yee | L | | | organizations |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) CHARLES RICHARDSON | 45.00 | | _ | | | | - | | | |
| ELEMENTARY PRICIPAL | | | | Х | | | | 88,974. | Ο. | 23,165. |
| (2) CHRISTIANNA HERRERA | 20.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 91,200. | 0. | 18,776. |
| (3) MARC BROCKLEHURST | 45.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | | | | Х | | | | 73,002. | 0. | 21,343. |
| (4) MELANIE STROP | 5.00 | | | | | | | | | |
| PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| (5) MEGGHAN ST. AUBYN | 5.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| (6) RYAN GRAHAM | 5.00 | | | | | | | | | |
| TREASURER | | Х | | x | | | | 0. | 0. | 0. |
| (7) MISTY MCCUEN | 5.00 | | | | | | | | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (8) CHRIS DOLE | 5.00 | | | | | | | | | |
| MEMBER AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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8

Form 990 (2020)

27-001/128

| Form 990 (2020) MONUMENT ACADEMY 27-0014128 | | | | | | | | | L28 | Pa | age 8 | | | |
|---|---|--|--------|--|----------|---|--------|-----------|---|--------------------------------|--------------|--------------------|--|---------------|
| Pai | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
| | (A) Name and title | (B) Average hours per week | box, | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) (E) Reportable Reportable compensation compensatio from from related | | | (F) Estimated amount of other | | | | | |
| | | (list any hours for related organizations below line) | | | | | | | | organizations (W-2/1099-MIS | | fro orga and | pensat om the anizati I relate nizatio | e on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| с | Subtotal Total from continuation sheets to Part VI | I, Section A | | | | | | | 253,176. 0. 253,176. | | 0.0.0 | | 3,28 3,28 | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | ► o re | | 000 of reportable | | 0.5 |), 20 | |
| | compensation from the organization | | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | - | | • | • | - | | Ŭ | • • • | | [| 3 | | x |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | im of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from the | he organization | | 4 | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i> tion B. Independent Contractors | | | | | | | | | | | 5 | | Х |
| 1 | Complete this table for your five highest co | | | | | | | | | | ensati | ion fro | m | |
| | the organization. Report compensation for (A) (A) Name and business | | | ndir DNE | | ith c | or wi | thin | the organization's tax yet (B) (B) Description of s | | C(| (C ompen | | ז |
| | | | INC | | <u> </u> | | | | Decemption of a | | | | | <u> </u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | ncluding but no | ot lin | nitec | d to t | thos | se lis | ted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organized | zation 🕨 | | | | C |) | | | | | | | |

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| | n 990 | | EMY | | | 27-0014 | 128 Page 9 |
|---|---------|--|--------------------|-------------------------|--------------------------|------------------|-------------------------|
| Pa | rt VII | Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response | or note to any lin | | | (| |
| | | | | (A) Tatal management | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | Total revenue | | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| N N | 1 a | Federated campaigns 1a | | | | | |
| an | b | Membership dues 1b | | | | | |
| ΩĘ | c | Fundraising events 1c | | | | | |
| rts, | 4 | | | | | | |
| ilai | d | | 729,553. | | | | |
| Sin's, | e | | 129,333. | | | | |
| er is | т | All other contributions, gifts, grants, and | 7 242 | | | | |
| éŧ | | similar amounts not included above 1f | 7,342. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines 1a-1f | | | | | |
| <u>ų p</u> | h | Total. Add lines 1a-1f | | 8,736,895. | | | |
| | | | Business Code | | | | |
| e | 2 a | | 611600 | 294,765. | 294,765. | | |
| ωŽ | b | STUDENT FEES | 611600 | 170,192. | 170,192. | | |
| Se | с | STUDENT ACTIVITY FEES | 611600 | 88,283. | 88,283. | | |
| e a | d | BUILDING USE REVENUE | 611600 | 30,280. | 30,280. | | |
| Program Service Revenue | е | | | | - | | |
| Pro | f | All other program service revenue | | | | | |
| | q | Total. Add lines 2a-2f | | 583,520. | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | Ŭ | other similar amounts) | | 20,645. | | | 20,645. |
| | 4 | Income from investment of tax-exempt bond p | | 2070101 | | | |
| | 5 | | | | | | |
| | 5 | Royalties | (ii) Personal | | | | |
| | | | | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| ne | | and sales expenses 7b | | | | | |
| evenue | с | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ► | | | | |
| Other R | 8 a | Gross income from fundraising events (not | | | | | |
| ₹ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | |
| | 9 2 | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | b | | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | | | | | | |
| | iu a | Gross sales of inventory, less returns | | | | | |
| | Г. | and allowances 10a Less: cost of goods sold 10b | | | | | |
| | | • | | | | | |
| | C | Net income or (loss) from sales of inventory | | | | | |
| ŝ | | MICO DEVENUE | Business Code | 0 740 | | | 0 710 |
| eor | 11 a | MISC REVENUE | 900099 | 8,748. | | | 8,748. |
| ent | b | | | | | | |
| scellaneo <u>Revenue</u> | с | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | |
| - | е | Total. Add lines 11a-11d | | 8,748. | | | |
| | 12 | Total revenue. See instructions | ► | 9,349,808. | 583,520. | 0. | 29,393. |
| 03200 | 9 12-23 | -20 | | | | | Form 990 (2020) |

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| 70, 0 | 60, 90, and 100 of Part VIII. | | expenses | general expenses | expenses |
|----------|---|------------|------------|------------------|----------|
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 265,205. | 95,909. | 169,296. | |
| • | trustees, and key employees | 205,205. | 95,909. | 109,290. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 4,370,023. | 3,806,401. | 563,622. | |
| 8 | Pension plan accruals and contributions (include | 4,570,025. | 5,000,4010 | 505,022. | |
| 0 | section 401(k) and 403(b) employer contributions) | 903,603. | 780,556. | 123,047. | |
| 9 | Other employee benefits | 406,622. | 364,097. | 42,525. | |
| 10 | Payroll taxes | 64,356. | 54,618. | 9,738. | |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 44,584. | | 44,584. | |
| | Accounting | 12,861. | | 12,861. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 865,072. | 126,946. | 738,126. | |
| 12 | Advertising and promotion | 76,865. | | 76,865. | |
| 13 | Office expenses | 89,844. | | 89,844. | |
| 14 | Information technology | 202,466. | | 202,466. | |
| 15 | Royalties | 000 000 | | 000 000 | |
| 16 | Occupancy | 998,232. | | 998,232. | |
| 17 | Travel | 1,352. | | 1,352. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization | 128,521. | | 128,521. | |
| 22 | | 102,669. | | 102,669. | |
| 23 24 | Other expenses. Itemize expenses not covered | 101/0051 | | 101/0051 | |
| 21 | 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 0.) | | | | |
| а | DUES AND FEES | 152,304. | 152,304. | | |
| b | TRUST & AGENCY EXPEND. | 70,878. | 70,878. | | |
| с | SUPPLIES - INSTR. | 10,593. | 10,593. | | |
| d | COMPENSATED ABSENCE | 4,500. | 4,500. | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,770,550. | 5,466,802. | 3,303,748. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

(A) Total expenses

032010 12-23-20

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

•

(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

MONUMENT ACADEMY

| | | Check if Schedule O contains a response or not | - to any | line in this Part X | | | |
|-----------------------------|----------|---|----------|---------------------|-------------------|----------|--------------|
| | | | o to any | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 1,317,077. | 1 | 791,966. |
| | 2 | Savings and temporary cash investments | | | 2,498,585. | 2 | 2,518,759. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | 82,174. | 4 | 221,881. | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | e perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Äŝ | 9 | | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,570,714. | | | |
| | b | Less: accumulated depreciation | 10b | 440,854. | 323,770. | 10c | 1,129,860. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,408,694. | 15 | 4,019,546. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 5,630,300. | 16 | 8,682,012. |
| | 17 | Accounts payable and accrued expenses | 713,572. | 17 | 783,165. | | |
| | 18 | Grants payable | | 340,848. | 18 | 51,380. | |
| | 19 | | | | 340,848. | 19 | 51,380. |
| | 20 | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | 22 | |
| Lial | 23 | controlled entity or family member of any of thes | | F | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated | | | | 23 24 | |
| | 25 | Other liabilities (including federal income tax, pay | - | F | | 27 | |
| | 20 | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 18,663,220. | 25 | 17,932,256. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 19,717,640. | 26 | 18,766,801. |
| | _ | Organizations that follow FASB ASC 958, che | | | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | | 27 | |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | |
| pu | | Organizations that do not follow FASB ASC 9 | 58, cheo | ck here 🕨 🗴 | | | |
| Ъ. | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | -14,335,692. | 29 | -10,440,110. |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | uipmen | t fund | 0. | 30 | 0. |
| t As | 31 | Retained earnings, endowment, accumulated inc | | | 248,352. | 31 | 355,321. |
| Ne | 32 | Total net assets or fund balances | | | -14,087,340. | 32 | -10,084,789. |
| | 33 | Total liabilities and net assets/fund balances | | | 5,630,300. | 33 | 8,682,012. |

8,682,012. Form **990** (2020)

11150506 131839 011-045596

Form 990 (2020) Part X Balance Sheet

| | 1990 (2020) MONUMENT ACADEMY | 27- | 0014128 | Pag | _{ge} 12 | | |
|---|---|----------|-----------|------|------------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,349 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,770 | - | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 9,2 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -14,087 | 7,34 | <u>40.</u> | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | 81 | L,4' | <u>77.</u> | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 3,341 | L,81 | 16. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | -10,084 | 1,78 | <u>89.</u> | | |
| Part XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | |
| | | • | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Corual X Other SEE SCH | | _ | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | 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 Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| С | c 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? | | | | | | |
| - | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Audi | | | 37 | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | _X_ | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | | | |
| | | | | | | | |

Form **990** (2020)

| SCH | IEDL | JLE A |
|-----|------|-------|
|-----|------|-------|

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| Nam | Name of the organization | | | | | | | | identification number |
|-------------|--------------------------|---|-------------------------|--|---------------------|------------------|---------------------------------|---------------------|---|
| _ | | | MENT ACADE | | | | | | 7-0014128 |
| Pa | rtI | Reason for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructior | IS. | |
| The | organi | ization is not a private found | ation because it is: (I | For lines 1 through 12, cl | heck only | one box.) | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | on 170(b)(1 | I)(A)(i). | | |
| 2 | X | A school described in secti | ion 170(b)(1)(A)(ii).(| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organization | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | or operat | ed by a go | overnmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that normal | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support fi | rom gross investment |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the org | ganization a | fter June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sat | ety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box in |
| | | lines 12a through 12d that of | describes the type o | f supporting organizatior | and com | plete lines | 12e, 12f, and | l 12g. | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | corted org | anization(s), t | ypically by | giving |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting |
| | | organization. You must c | omplete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ring |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | lly integrate | d with, |
| | | its supported organization | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | v integrated. A supp | orting organization oper | ated in co | nnection w | vith its suppo | rted organiz | zation(s) |
| | | that is not functionally inte | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | l an attentiv | veness |
| | | requirement (see instructi | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | ۷. | | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally integrated, or | Type III non-function | nally integrated supporting | ng organiz | ation. | | | |
| f | | er the number of supported o | • | | | | | | |
| <u> </u> | | vide the following information | | | (iv) Is the ora: | anization listed | (.) (| (| |
| | (1 | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ing document? | (v) Amount o support (see ir | , | (vi) Amount of other support (see instructions) |
| | | organization | | above (see instructions)) | Yes | No | support (see ii | istructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>Tota</u> | | | | | | | l | | |
| LHA | For P | aperwork Reduction Act N | lotice, see the Instri | uctions for Form 990 or | 990-EZ. | 032021 01- | 25-21 Sche | dule A (For | m 990 or 990-EZ) 2020 |

14

Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY

27-0014128 Page 2

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|---------------------|--------------------|---------------------|---------------------|---------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | |
| | | (-) 0010 | (1-) 0017 | (-) 0010 | (4) 0010 | (-) 0000 | (6) Tatal |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| - | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| ~ | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 10 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | • | | | | | | |
| 44 | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | |
| 12 | | etc. (see instructi | 0005) | | | 12 | |
| | First 5 years. If the Form 990 is for th | , | , | fourth or fifth tax | | | |
| 10 | organization, check this box and stop | • | | | | | |
| Se | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2020 (I | | | column (f)) | | 14 | % |
| | Public support percentage from 2019 | | - | | | 15 | % |
| | 33 1/3% support test - 2020. If the o | | | | | · · · · | |
| | stop here. The organization qualifies | | | | | , | |
| k | 33 1/3% support test - 2019. If the o | | • | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | | | | |
| k | 0 10% -facts-and-circumstances test | 0 | • • | | • | | |
| | more, and if the organization meets th | | 5 | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | Sa, 16b, 17a, or 17 | b, check this box a | and see instruction | s > |
| | | | | | | edule A (Form 990 | |

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------|---------------------------------------|--------------------|----------|----------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | 0 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | 0 (f) Total |
| | Amounts from line 6 | | | | (4) 2010 | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | L | l | | | | |
| 14 | First 5 years. If the Form 990 is for the | | | | | | nization, |
| Ser | check this box and stop here | | | | | | ▶ |
| | Public support percentage for 2020 (I | | | column (f)) | | 15 | 04 |
| | Public support percentage from 2019 | , (), | | ()) | | 16 | <u> </u> |
| | ction D. Computation of Inves | | | | | | 70 |
| | Investment income percentage for 20 | | | ine 13 column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2020. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2019. If the | - | • | | | | ······ · · |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 01-25-21 | | · · · · · · · · · · · · · · · · · · · | . , | | | m 990 or 990-EZ) 2020 |
| | | | 16 | 5 | | | , |

2020.05093 MONUMENT ACADEMY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

| | | | Yes | No |
|-----|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | Ĩ | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |

| Section C. Type II | Supporting Organ | nižations |
|--------------------|------------------|-----------|

 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
 Image: Control of the support of organization(s).

 Section D
 All Type III Support of Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | - | | |

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

| 1 Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year (see instructions). |
|--|--|
|--|--|

- a 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 support | ted a governmental entity (see instruction <u>s).</u> |
|---|--|---|-------------------------------------|---|
|---|--|---|-------------------------------------|---|

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

3a

3b

Yes No

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ng Organi | zations | |
|------|--|----------------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | • | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990 EZ) 2020 MONUMENT ACADEMY

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued | <u>d)</u> | |
|-------|---|-------------------------------|--|-----------|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | Γ | 1 | 10 | |
| Secti | on 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 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | _ | |
| | able 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 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | _ | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | _ | |
| a | Applied to underdistributions of prior years | | | - | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 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 Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

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| Section D, lines 5, 6, and 8; and Part V, Sec | ction E, lines 2, 5, and 6. Also complete this part for any additional information. |
|---|---|
| (See instructions.) | |
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| | Schedule A (Form 990 or 990-EZ) |

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Department of the Treasury

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.



| Interna | I Revenue Service Go to www.irs.gov/For | rm990 for instructions and the latest information | on. | Inspection | | | |
|---------|---|---|-----------------|---------------------------------|--|--|--|
| Nam | e of the organization | | Emp | loyer identification number | | | |
| Da | MONUMENT ACADEMY 27-0014128 art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | |
| Fai | | | Account | IS. Complete if the | | | |
| | organization answered "Yes" on Form 990, Part IV | (a) Donor advised funds | (b) Euroc | ds 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 | - | | | | | |
| • | are the organization's property, subject to the organization | | | Yes No | | | |
| 6 | Did the organization inform all grantees, donors, and don | | | | | | |
| | for charitable purposes and not for the benefit of the don | | - | | | | |
| Pa | impermissible private benefit? | | | Yes No | | | |
| 1 | Purpose(s) of conservation easements held by the organi | | | | | | |
| | | | iotorioally i | montant land area | | | |
| | Preservation of land for public use (for example, real Protection of natural habitat | creation or education) Preservation of a h | • | - | | | |
| | Preservation of open space | | er tilleu Tilsi | | | | |
| 2 | Complete lines 2a through 2d if the organization held a q | ualified conservation contribution in the form of a | conservati | ion essement on the last | | | |
| 2 | day of the tax year. | | | Held at the End of the Tax Year | | | |
| а | | | | | | | |
| b | | | | | | | |
| c | Number of conservation easements on a certified historic | | ·· | | | | |
| | Number of conservation easements included in (c) acquir | | | | | | |
| ŭ | listed in the National Register | - | 2d | | | | |
| 3 | Number of conservation easements modified, transferred | | | during the tax | | | |
| - | year ► | | | | | | |
| 4 | Number of states where property subject to conservation | n easement is located | | | | | |
| 5 | Does the organization have a written policy regarding the | | | | | | |
| | violations, and enforcement of the conservation easemer | | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | | | | | | |
| | ▶ | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, h | nandling of violations, and enforcing conservation | easements | s during the year | | | |
| | ►\$ | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) a | above satisfy the requirements of section 170(h)(4) |)(B)(i) | | | | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No | | | |
| 9 | In Part XIII, describe how the organization reports conser | | ement and | I | | | |
| | 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. | | | - | | | |
| Pa | rt III Organizations Maintaining Collections | | r Similar | Assets. | | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC | C 958, not to report in its revenue statement and t | balance she | eet works | | | |

| та | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sneet works |
|----|---|
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of |

| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | of pu | Jildu | service, |
|--|-------|----------|----------|
| provide the following amounts relating to these items: | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 | | \$ | |
| | • | <u> </u> | |

| | (II) Assets included in Form 990, Part X | | | | | |
|---|--|--|--|--|--|--|
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | | | | | |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | |
| b | Assets included in Form 990, Part X | | | | | |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 032051 | 12-01-20 |

Schedule D (Form 990) 2020

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|----------|--------|------------|
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| Sche | | T ACADEMY | | | | | | 27-00 | | | age 2 |
|---------|---|---------------------------------|-------------|----------------|-------------------------|------------|---|------------|-------------|---------|------------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Othe | r Similar | Assets | contir | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the f | following tha | t make s | ignificant ι | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | | | hange progra | | | | | | |
| b | Scholarly research | e | , 🗌 (| Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how the | ey further th | ne organizatio | on's exe | mpt purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, his | storical treas | sures, or othe | er similaı | assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | <u></u> | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | on answered | "Yes" or | Form 990 | , Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | - | | 1 |
| | on Form 990, Part X? | | | | | | | <u>X</u> | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing ta | able: | | | | | | | |
| | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | 8. | 1,47 | //. |
| | Additions during the year | | | | | | | | 0. | 1 1 - | 77 |
| - | Distributions during the year | | | | | | | | 0. | 1,47 | 0. |
| f Or | Ending balance | | | | | | | | X 22 | v | 0 •] No |
| | Did the organization include an amount on F | | | | | | • | L | Yes | |] NO] |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete | | | | | | | | | | 1 |
| | | (a) Current year | | rior year | (c) Two yea | | (d) Three y | are back | (e) Four | Veare | hack |
| 10 | Beginning of year balance | (a) Current year | (0) P | nor year | | IS DOCK | (u) Thee y | Eais Dauk | (e) roui | years i | Jaun |
| 1a b | | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| e | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent vear end balance | e (line 1a | column (a) |)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | % | ,, oolanni (a) | <i>,,,</i> 110101 0.00. | | | | | | |
| | Permanent endowment | | | | | | | | | | |
| | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should equal 100%. | | | | | | | | | | |
| 3a | 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization | | | | | | | | | | |
| | by: | | | | | | | | [| Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | red on So | chedule R? | | | | | Зb | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ient. | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990 |), Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | • • | t or other (other) | | ccumulate | d | (d) Bool | < value | ; |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | 64 | 1,335. | | <u>363,02</u> | 28. | 278 | 3,30 |)7. |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | 2,769. | | 75,16 | | | 7,60 | |
| | Other | | | | 6,610. | | 2,66 | | | 3,94 | |
| Tota | otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | | |

Schedule D (Form 990) 2020

11150506 131839 011-045596

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | | | | | |
|--|----------------|---|--|--|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | | | | |
| (1) Financial derivatives | | | | | | |
| (2) Closely held equity interests | | | | | | |
| (3) Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | | | | |
| Part VIII Investments - Program Related. | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. | | | | | | |

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X. col. (B) line 13.) | | |

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) DEFERRED OUTFLOWS - PENSION | 3,963,490. |
| (2) DEFERRED OUTFLOWS - OPEB | 56,056. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) | 4,019,546. |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 | 5. |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) NET PENSION LIABILITY | 11,751,395. |
| (3) NET OPEB LIABILITY | 427,034. |
| (4) DEFERRED INFLOWS - PENSION | 5,577,701. |
| (5) DEFERRED INFLOWS - OPEB | 176,126. |
| (6) | |

(9) 17,932,256. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

(7) (8)

| Sche | dule D (Form 990) 2020 MONUMENT ACADEMY | | | 27-0 | 014128 Page |
|-------|---|-----------------|----------------------|-----------|--------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per Re | | м |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 9,349,808 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 0 . |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,349,808 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0 . |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 9,349,808 |
| Pa | t XII Reconciliation of Expenses per Audited Financial Staten | nents With | Expenses per l | Returr |). |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | <u> </u> | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,605,334 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | | 963,305. | | |
| е | Add lines 2a through 2d | | | 2e | 963,305 |
| 3 | Subtract line 2e from line 1 | | | 3 | 8,642,029 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | | 128,521. | | |
| | Add lines 4a and 4b | | | 4c | 128,521 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | | | 5 | 8,770,550 |
| Par | t XIII Supplemental Information. | | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV. lines 1b | and 2b: Part V. line | 4: Part X | . line 2: Part XI. |

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

PART IV, LINE 1B:

THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINANCIAL

TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND ACTIVITIES.

THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY DIRECT OR

INDIRECT SCHOOL SUPPORT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CAPITAL OUTLAY

ACCRUED ABSENCES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

PART XII, LINE 4B - OTHER ADJUSTMENTS: 032054 12-01-20 Schedule D (Form 990) 2020 25

967,805.

-4,500.

963,305.

| | (Form 990) 2020 | MONUMENT | |
|-----------|-----------------|-----------------------|-----|
| Part XIII | Supplemental | Information (continue | ed) |

| | • |
|--|---|
| | |
| | |

DEPRECIATION EXPENSE

128,521.

Schedule D (Form 990) 2020

032055 12-01-20

11150506 131839 011-045596

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Schools

OMB No. 1545-0047

2020

Open to Public

MONUMENT ACADEMY

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number 27-0014128

Part I

| | | | YES | NO |
|-----|--|-------------|--------|--------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarship | os? 2 | Х | |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet | | | |
| | homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the | | | |
| | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the | | | |
| | registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general | | | |
| | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3 | Х | |
| | MONUMENT ACADEMY INCLUDES THEIR NONDISCRIMINATION POLICY ON | | | |
| | THE ENROLLMENT PAGE OF THEIR WEBSITE. | — | | |
| | | _ | | |
| 4 | Does the organization maintain the following? | _ | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | <u>4a</u> | X | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | X | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| 5 | Does the organization discriminate by race in any way with respect to: Students' rights or privileges? | 5a | | X |
| | | | | X |
| | Admissions policies? Employment of faculty or administrative staff? | | | X |
| | Scholarships or other financial assistance? | | | X |
| | Educational policies? | | | x |
| | Use of facilities? | | | x |
| | Athletic programs? | | | x |
| | Other extracurricular activities? | | | x |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | _ | | |
| | | _ | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | | х | |
| b | Has the organization's right to such aid ever been revoked or suspended? | <u>6b</u> | | X |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through | | | |
| | 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | | Х | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (| Form 990 or | 990-EZ |) 2020 |

| Schedule E (Form 990 or 990-EZ) 2020 | MONUMENT | ACADEMY |
|--------------------------------------|----------|---------|
|--------------------------------------|----------|---------|

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL APPLIES FOR GRANTS EACH YEAR AND COMPLIES WITH ALL STATE AND

FEDERAL REGULATIONS REGARDING RECEIPT AND SPENDING OF GRANTS.

Schedule E (Form 990 or 990-EZ) 2020

11150506 131839 011-045596

032062 11-10-20

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.



27 - 0014128

MONUMENT ACADEMY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBILITY, CHARACTER AND EXEMPLARY CITIZENSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAW WORDING WAS CHANGED TO NOTE THAT RELATIVES OF THE COO OR CFO MAY NOT

SIT ON THE SCHOOL BOARD, AND REMOVED THE EXECUTIVE DIRECTORS BOARD MEMBER

TITLE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS. EACH EMPLOYEE AND EACH PARENT

OF A STUDENT CURRENTLY ENROLLED AT THE ACADEMY SHALL BE CONSIDERED A

MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BYLAWS STATE THAT MEMBERS SHALL HAVE NO RIGHTS OR

PRIVILEGES OTHER THAN TO ELECT THE DIRECTORS OF THE CORPORATION.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE MANAGEMENT. ONCE A DRAFT OF THE FILING IS AVAILABLE, COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW VIA EMAIL, PRIOR TO FILING. THE CFO AND BOARD OF DIRECTORS, OF THE ORGANIZATION, REVIEW THE FIRST DRAFT OF THE FORM 990 PRIOR TO ITS FILING. THE REVIEW CONDUCTED BY THE BOARD OF DIRECTORS IS A HIGH LEVEL ASSESSMENT FOR ACCURACY. THE CFO CONDUCTS A MORE THOROUGH REVIEW OF THE FORM 990.

29

Name of the organization

MONUMENT ACADEMY

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AS STATED IN THE BYLAWS IS AS FOLLOWS: IF A RESPONSIBLE PERSON IS AWARE THAT THE CORPORATION IS ABOUT TO ENTER INTO ANY TRANSACTION OR MAKE ANY DECISION INVOLVING A CONFLICT OF INTEREST, A "CONFLICTING INTEREST TRANSACTION", SUCH PERSON: (I)IMMEDIATELY INFORM THOSE CHARGED WITH APPROVING THE CONFLICTING INTEREST TRANSACTION ON BEHALF OF THE CORPORATION OF THE INTEREST OR POSITION OF SUCH PERSON OR ANY PARTY RELATED TO SUCH PERSON;"(II) AID THE PERSONS CHARGED WITH MAKING THE DECISION BY DISCLOSING ANY MATERIAL FACTS WITHIN THE RESPONSIBLE PERSON'S KNOWLEDGE THAT BEAR ON THE ADVISABILITY OF THE CORPORATION ENTERING INTO THE CONFLICTING INTEREST TRANSACTION; AND (III) NOT BE ENTITLED TO VOTE ON THE DECISION TO ENTER INTO SUCH TRANSACTION. ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE BOARD MEETINGS AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DISCUSSED AND DETERMINED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE MEETING MINUTES OF THE EXECUTIVE SESSION. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN OPEB LIABILITY

35,472.

CHANGE IN PENSION LIABILITY

3,306,344.

Schedule O (Form 990 or 990-EZ) 2020

11150506 131839 011-045596

30 2020.05093 MONUMENT ACADEMY

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--|---|
| Name of the organization MONUMENT ACADEMY | Employer identification number 27-0014128 |
| TOTAL TO FORM 990, PART XI, LINE 9 | 3,341,816. |
| FORM 990, PART XII, LINE 1: | |
| THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING | AS |
| PRESCRIBED BY THE COLORADO DEPARTMENT OF EDUCATION. THE SC | HOOL-WIDE |
| FINANCIAL STATEMENTS ARE REPORTED USING THE ECONOMIC RESOU | RCES |
| MEASUREMENT FOCUS AND THE ACCRUAL BASIS OF ACCOUNTING. GRA | NTS AND |

SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIREMENTS IMPOSED

BY THE PROVIDER HAVE BEEN MET.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

MONUMENT ACADEMY

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|---|--------------------------------|---|--------------------------------------|---|-------------------------------------|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| MONUMENT ACADEMY BUILDING CORPORATION - | OWNS AND LEASES SCHOOL | | | | | | |
| 26-1401850, 1150 VILLAGE RIDGE POINT, | FACILIITES TO MONUMENT | | | | | | |
| MONUMENT, CO 80132 | ACADEMY | COLORADO | 501(C)(3) | LINE 12B, II | MONUMENT ACADEMY | X | |
| MONUMENT ACADEMY FOUNDATION - 51-0506848 | | | | | | | |
| 1150 VILLAGE RIDGE POINT | FINANCIAL SUPPORT AND | | | | | | |
| MONUMENT, CO 80132 | FUNDRAISING | COLORADO | 501(C)(3) | LINE 12A, I | MONUMENT ACADEMY | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Open to Public Inspection

Employer identification number 27-0014128



Schedule R (Form 990) 2020 MONUMENT ACADEMY

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

| | | - | (N | | (2) | | | | | | |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|---------------------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | n) | (i) | (j) | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | Code V-UBI amount in box 20 of Schedule | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | io |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (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 | contr | i) tion o)(13) rolled ity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|-------|--|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2020 MONUMENT ACADEMY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | Х |
| | Loans or loan guarantees to or for related organization(s) | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | | 1g | | Х |
| h | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | X | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | Other transfer of cash or property from related organization(s) | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|--|
| (1) MONUMENT ACADEMY BUILDING CORPORATION | K | 930,488. | AMOUNT PAID |
| <u>(2)</u> | | | |
| (3) | | | |
| _(4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2020 MONUMENT ACADEMY

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

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

| (a) | (b) | (c) | (d) | 6 | ~) | (f) | (g) | (۲ | n) | (i) | (j) | (k) |
|------------------------|--------------------|-------------------|--|------------------------------|-------|----------|-------------|--------------------------|---------------------|--|--------|------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are partne 501(org | e all | Share of | Share of | | • , opor- | Code V-LIBI | Genera | |
| of entity | T finally dotivity | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | 501(| c)(3) | total | end-of-year | Dispr tior allocat | nate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag | ing ownership |
| , | | country) | excluded from tax under sections 512-514) | Yes | | income | | Yes | No | (Form 1065) | Yes | |
| | | | | res | NO | | | res | INO | (1011111000) | res | |
| | | | | | | | | | | | | |
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Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 MONUMENT ACADEMY

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MONUMENT ACADEMY BUILDING CORPORATION

EIN: 26-1401850

1150 VILLAGE RIDGE POINT

MONUMENT, CO 80132

PRIMARY ACTIVITY: OWNS AND LEASES SCHOOL FACILIITES TO MONUMENT ACADEMY

DIRECT CONTROLLING ENTITY: MONUMENT ACADEMY

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MONUMENT ACADEMY FOUNDATION

EIN: 51-0506848

1150 VILLAGE RIDGE POINT

MONUMENT, CO 80132

PRIMARY ACTIVITY: FINANCIAL SUPPORT AND FUNDRAISING

DIRECT CONTROLLING ENTITY: MONUMENT ACADEMY

032165 10-28-20

Schedule R (Form 990) 2020

CLIFTONLARSONALLEN LLP 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111

MONUMENT ACADEMY BUILDING CORPORATION 1150 VILLAGE RIDGE POINT MONUMENT, CO 80132

Hildhimilli

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

Monument Academy Building Corporation 1150 Village Ridge Point Monument, CO 80132 Attention: Marc Brocklehurst

Dear Marc:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

MONUMENT ACADEMY BUILDING CORPORATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

| Form 8879-EO | ***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization | | OMB No. 1545-0047 |
|--|--|--|---|
| | For calendar year 2020, or fiscal year beginning $JUL 1$, 2020, and ending $JUN 30$ | , 20 2 1 | 0000 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. | | 2020 |
| Name of exempt organization | | Taxpaye | er identification number |
| | EMY BUILDING CORPORATION | 26- | 1401850 |
| Name and title of officer or pe MARC BROCKLEH CHIEF FINANCIA | JRST | | |
| | Return and Return Information (Whole Dollars Only) | | |
| check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on th | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ente e applicable line below. Do not complete more than one line in Part I. | this form red -0- on | n was the |
| 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 930,628. |
| 2a Form 990-EZ check h | | | |
| 3a Form 1120-POL chec | | | |
| 4a Form 990-PF check h | | | |
| 5a Form 8868 check here 6a Form 990-T check here | | | |
| 7a Form 4720 check here | | | |
| | ion and Signature Authorization of Officer or Person Subject to Tax | | <u> </u> |
| Under penalties of perjury, | I declare that X I am an officer of the above organization or I am a person sub | pject to ta | x with respect to |
| (name of organization) | , (EIN) | ar | nd that I have examined a copy |
| Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne | fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun | e tax pre account. to the pa axes to re personal | paration To revoke yment ceive |
| X I authorize CL | IFTONLARSONALLEN LLP | to enter | my PIN 01850 |
| | ERO firm name | | Enter five numbers, but do not enter all zeros |
| a state agency(i | on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme n's disclosure consent screen. | | ÷ |
| electronically file | person subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co | a state ag | jency(ies) |
| Signature of officer or person subject Part III Certifica | tto tax ▶ ***** THIS IS NOT A FILEABLE COPY *** tion and Authentication | D | ate |
| ERO's EFIN/PIN. Enter yo | ur six-digit electronic filing identification | | |
| number (EFIN) followed by | your five-digit self-selected PIN. 84780355902 Do not enter all zeros | | |
| - | neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa- siness Returns. | | |
| ERO's signature 🕨 SARA | H HINTZ Date ► 05/ | 02/2 | 2 |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do | So | |
| LHA For Paperwork Rec | uction Act Notice, see instructions. | | Form 8879-EO (2020) |
| 023051 11-03-20 | | | |

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

| File a | separate | application | for e | each | return. |
|--------|----------|-------------|-------|------|---------|

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| print MONUMENT ACADEMY BUILDING CORPORATION 26-14 File by the due date for filing your return. See instructions. 1150 VILLAGE RIDGE POINT City, town or post office, state, and ZIP code. For a foreign address, see instructions. 000000000000000000000000000000000000 | on number (TIN) |
|--|------------------------------------|
| File by the due date for instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 1150 VILLAGE RIDGE POINT City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONUMENT, CO 80132 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-FF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST MARC BROCKLEHURST MARC BROCKLEHURST • The books are in the care of 1150 1150 VILLAGE RIDGE POINT – MONUMENT, CO 80132 Telephone No. 719-481-1950 Fax No. | 01850 |
| Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONUMENT, CO 80132 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST MARC BROCKLEHURST • The books are in the care of > 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 • The books are in the care of > 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 • The books are in the care of > 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 • The books are in the care of I 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 • If the organization does not have an office or place of business in the United States, check this box . . . | 01050 |
| Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST MARC BROCKLEHURST • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | |
| Is ForCodeIs ForForm 990 or Form 990-EZ01Form 990-T (corporation)Form 990-BL02Form 1041-AForm 4720 (individual)03Form 4720 (other than individual)Form 990-PF04Form 5227Form 990-T (sec. 401(a) or 408(a) trust)05Form 6069Form 990-T (trust other than above)06Form 8870MARC BROCKLEHURST• The books are in the care of \blacktriangleright 11501150VILLAGE RIDGE POINT - MONUMENT, CO 80132Telephone No. \blacktriangleright 719-481-1950• If the organization does not have an office or place of business in the United States, check this box• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | 0 1 |
| Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box | Return |
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| Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST 05 Form 8870 • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box | 08 |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 • Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box . If this is for the whole generation of the organization's four digit Group Exemption Number (GEN) | 09 |
| Form 990-T (trust other than above) 06 Form 8870 MARC BROCKLEHURST • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box | 10 |
| MARC BROCKLEHURST • The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ▶ 719-481-1950 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole generation of the organization of the organiz | 11 |
| The books are in the care of ▶ <u>1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132</u> Telephone No. ▶ <u>719-481-1950</u> Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole generation is for the whole generation. | 12 |
| 1 I request an automatic 6-month extension of time until | group, check this nsion is for. |
| 3aIf this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less3aany nonrefundable credits. See instructions.3a | 0. |
| bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ | 0. |
| Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879 instructions. | 9-EO for payment |

023841 04-01-20

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



artment of the Treasury

| Inte | rnal Rev | enue Service | Go to www.irs.gov/Form990 for instructions and the la | test in | formation. | | Inspection |
|---------------|-----------------|----------------------|---|-----------|------------------------|---------------------|-------------------------------|
| Α | For th | e 2020 calenc | dar year, or tax year beginning $JUL \ 1$, $\ 2020$ and ending | JU I | JN 30, | 2021 | |
| В | Check if | C Name o | of organization | Π | D Employe | er identific | ation number |
| | applicat | | | | | | |
| | Addr | ge MONU | JMENT ACADEMY BUILDING CORPORATION | | | | |
| | Nam chan | ge Doing b | business as | | 26-1 | 140185 | 50 |
| | Initia retur | Number | r and street (or P.O. box if mail is not delivered to street address) Room/s | suite I | E Telephor | ne number | |
| | Final retur | √ <u> </u> |) VILLAGE RIDGE POINT | | 719- | -481-1 | L950 |
| | termi ated | City or 1 | town, state or province, country, and ZIP or foreign postal code | _ | G Gross receip | ots \$ | 930,628. |
| | Amer | MONU | JMENT, CO 80132 | I | H(a) Is this a | | |
| | Appl | F Name a | and address of principal officer: MERLIN HOLMES | | for sub | ordinates | ? Yes 🔀 No |
| | pend | | AS C ABOVE | | H(b) Are all su | bordinates ind | cluded? Yes No |
| I | Tax-ex | <u>kempt status:</u> | X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or | 527 | lf "No,' | ' attach a l | list. See instructions |
| | | | MONUMENTACADEMY . NET | | H(c) Group | exemption | n number 🕨 |
| κ | Form o | of organization: [| 🔀 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨 📘 | Year of | formation: | 2007 <mark>м</mark> | I State of legal domicile: CO |
| Ρ | art I | Summary | | | | | |
| | 1 | Briefly describ | be the organization's mission or most significant activities: $\begin{tabular}{c} {{f THE}} & {f BUIL} \end{tabular}$ | DIN | G CORF | ORATI | ON WAS |
| 2 | | CREATED |) TO ISSUE DEBT AND BUILD AND SUPPORT 7 | THE | SCHOOL | L FAC | ILITIES. |
| Governance | 2 | Check this bo | ox 🕨 🥅 if the organization discontinued its operations or disposed of n | nore th | nan 25% of i | its net ass | ets. |
| | 3 3 | Number of vo | oting members of the governing body (Part VI, line 1a) | | | 3 | 2 |
| Ċ | 4 | Number of ind | dependent voting members of the governing body (Part VI, line 1b) | | | 4 | 2 |
| 200 | 5 5 | Total number | r of individuals employed in calendar year 2020 (Part V, line 2a) | | | 5 | 0 |
| vitik | 6 | Total number | r of volunteers (estimate if necessary) | | | 6 | 2 |
| Activitiae & | 5 7 a | Total unrelate | ed business revenue from Part VIII, column (C), line 12 | | | 7a | 0. |
| | <u> </u> | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | . <u></u> | | 7b | 0. |
| | | | | | Prior Yea | | Current Year |
| d | 8 | Contributions | s and grants (Part VIII, line 1h) | | | 0. | 0. |
| Revenue | 9 | • | rice revenue (Part VIII, line 2g) | | | ,187. | 930,488. |
| No. | 10 | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 15, | ,277. | 140. |
| | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0. | 0. |
| | 12 | | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | _ | 943, | ,464. | 930,628. |
| | 13 | Grants and si | imilar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | | 0. | 0. |
| ų | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 0. | 0. |
| Evnancae | 2 16 a | Professional f | fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. |
| 20, | ž b | | sing expenses (Part IX, column (D), line 25) | | | | |
| ш | 1 " | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | ,729. | 955,695. |
| | 18 | Total expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | ,729. | 955,695. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | | ,265. | -25,067. |
| Net Assets or | Cles | | | | nning of Curr | | End of Year |
| sset | 20 | · | (Part X, line 16) | | 2,168, | | 11,741,387. |
| it As | g 21 | | s (Part X, line 26) | | <u>.3,059</u> | | 12,657,964. |
| ž | 22 | | fund balances. Subtract line 21 from line 20 | | -891, | ,510. | -916,577. |
| | art II | | | | | | |
| | - | | I declare that I have examined this return, including accompanying schedules and sta | | | - | knowledge and belief, it is |
| tru | e corre | ct and complete | Declaration of preparer (other than officer) is based on all information of which prer | narer ha | as anv knowle | anhe | |

| Sign | Signature of officer | Date | | | | | | | | |
|--------------|--|-----------------------------|--|--|--|--|--|--|--|--|
| Sign Here | MARC BROCKLEHURST, CHIEF FINANCIAL OFFICER | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name Preparer's signature Date | Check PTIN | | | | | | | | |
| Paid | SARAH HINTZ SARAH HINTZ 05/02, | /22 self-employed P00492291 | | | | | | | | |
| Preparer | Firm's name CLIFTONLARSONALLEN LLP | Firm's EIN 🕨 41-0746749 | | | | | | | | |
| Use Only | Firm's address 🔈 8390 EAST CRESCENT PARKWAY, SUITE 300 | | | | | | | | | |
| | GREENWOOD VILLAGE, CO 80111 | Phone no. (303) 779-5710 | | | | | | | | |
| May the II | S discuss this return with the preparer shown above? See instructions | X Yes No | | | | | | | | |
| 032001 12-2 | 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) | | | | | | | | | |

| Form | 990 (2020) MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 2 t III Statement of Program Service Accomplishments |
|--------|--|
| I UI | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| • | THE MONUMENT ACADEMY BUILDING CORPORATION WAS CREATED TO ISSUE DEBT, |
| | BUILD A FACILITY AND LEASE THE FACILITY TO MONUMENT ACADEMY. MONUMENT |
| | ACADEMY IS A PUBLIC SCHOOL CHARTERED THROUGH THE LEWIS-PALMER SCHOOL |
| | DISTRICT IN COLORADO. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$955,695. including grants of \$0.) (Revenue \$930,488. |
| | ISSUANCE OF DEBT AND LEASE OF THE SCHOOL FACILITY BUILT TO MONUMENT |
| | ACADEMY. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4.0 | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 955,695. |
| | Form 990 (2020 |
| 032002 | 12-23-20 |
| | 3 |

| Form 990 (| | | | BUILDING | CORPORATION |
|------------|----------------|---------------|-------|----------|-------------|
| Part IV | Checklist of R | equired Scheo | dules | | |

| | | | Yes | No |
|--------|--|------------|--------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| • | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | х |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| 8 | | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | <u> </u> | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | х |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 | x | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | х |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u></u> |
| 18 | | 18 | | х |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | - 23 |
| 13 | | 19 | | х |
| 20- | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | | 20a 20b | | |
| 21 | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | х |
| 032003 | | | 990 (| (2020) |

4

032003 12-23-20

| Form 990 (2 | | | | | CORPORATION | | | |
|---|--|--|--|--|-------------|--|--|--|
| Part IV Checklist of Required Schedules (continued) | | | | | | | | |

| | | | Yes | No |
|----------|--|------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | Х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| | 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 | | x |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | | 00- | | x |
| L | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 00. | | v |
| ~~ | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X X |
| 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 | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 032004 | 12-23-20 | Form | 990 | (2020) |
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| Form | 990 (2020) MONUMENT ACADEMY BUILDING CORPORATION 26-1401 | 850 | P | _{age} 5 |
|------------|---|------------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | v |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| 5 - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5- | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 50 50 | | <u></u> |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 50 | | |
| Ua | | 6a | | х |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 00 | | - 23 |
| D | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| - | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders 11a | - | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 10- | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 10- | | |
| | | <u>12a</u> | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) gualified nonprofit health insurance issuers. | - | | |
| 13 | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 154 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | 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. | | | |

Form **990** (2020)

032005 12-23-20

| Form 990 | (2020) |
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MONUMENT ACADEMY BUILDING CORPORATION

26-1401850 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | | | Yes | No |
|------------------|--|----------|---------|------|
| 1a | | 2 | | |
| | 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 | 5 | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct 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 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | Х |
| <u>ec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | N |
| l0a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| l2a | 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 | Х | |
| 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 | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| l6a | 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 | | Х |
| 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 | | |
| bec [.] | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 8 | 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) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finano | cial | |
| | 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 \blacktriangleright | | | |
| | MARC BROCKLEHURST - 719-481-1950 1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132 | | | |
| | · · · | Form | 990 | /000 |
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| Form 990 (2020) | MONUMENT ACADEMY BUILDING CO | ORPORATION 26-1401850 | Page 7 | | | | |
|--|--|-----------------------|--------|--|--|--|--|
| Part VII Compensa | Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | |
| Employees, and Independent Contractors | | | | | | | |
| Check if Sche | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|-----------------------|---------------|---|------------------------|----------|--------------|---------------------------------|--------------|-----------------|-----------------|---------------|
| Name and title | Average | (do | not c | Pos | itior |) than (| 200 | Reportable | Reportable | Estimated |
| | hours per | (do not check more than one box, unless person is both an officer and a director/trustee) | | | s both | n an | compensation | compensation | amount of | |
| | week | | cer ar | nd a d | lirecto | or/trus | tee) | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | eq | | organization | (W-2/1099-MISC) | from the |
| | related | tee o | Istee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | trus | al tri | | oyee | a mo | | | | and related |
| | below | Individual trustee or director | In stitutional trustee | | Key employee | Highest compensated employee | Ter | | | organizations |
| | line) | Indiv | Insti | Officer | Key | High | Former | | | |
| (1) MARK MCWILLIAMS | 1.00 | | | | | | | | | |
| PRESIDENT | 0.01 | х | | x | | | | 0. | 0. | 0. |
| (2) MELANIE STROP | 1.00 | | | | | | | ••• | ••• | |
| SECRETARY / TREASURER | 5.01 | х | | x | | | | 0. | 0. | 0. |
| SECRETARI / TREASORER | 5.01 | Δ | <u> </u> | ^ | | <u> </u> | | 0. | 0. | 0. |
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| | | <u> </u> | - | - | | - | | | | |
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Form 990 (2020)

13060502 131839 011-045597

8

| | | ACADEMY | B | UI | LD | IN | G | CO | RPORATION | 26-14 | 018 | 350 | Pa | age 8 |
|-----|--|--|--------------------------------|-----------------------|-------------------------|-----------|---------------------|------|--|---|----------------|-------------------------|---|----------------|
| Par | VII Section A. Officers, Directors, Trust | ees, Key Emp | loye | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per | box, | not cl unles | Pos heck i ss per | rson i | than c s both | an | (D) Reportable compensation | (E) Reportable compensation | 1 | | (F) stimate nount o | |
| | | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer D | | Highest compensated | , | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MIS(| | com fr org and | other pensati om the anizati d relate anizatio | e on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 0. | | | | | |
| с | Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) | , Section A | | | | | | | 0. | | 0. 0. 0. | | | 0. 0. 0. |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | | | o re | ceived more than \$100, | | | | | 0 |
| 3 | Did the organization list any former officer, | - | | - | • | - | | Ŭ | • • | | [| | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensa | tion | and | oth | er compensation from th | ne organization | | 3 | | X X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | ccrue compen | satio | on fr | om | any | unre | late | ed organization or individ | lual for services | | 5 | | x |
| Sec | ion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | | ensat | ion fro | m | |
| | (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | C | (C ompei | C) nsatior | <u>۱</u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | | ot lin | nited | l to t | thos C | | ted | above) who received mo | pre than | | | 000 | |

032008 12-23-20

Form **990** (2020)

| | | (2020) MONUMENT ACA | DEMY BUILI | DING CORPOR | RATION | 26-1401 | 850 Page 9 |
|---|------------|---|--|-----------------------------|--|--------------------------------------|---|
| Pa | rt VII | Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response | e or note to any line | | (=) | (2) | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| | | | | | | | sections 512 - 514 |
| ts ts | 1 a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| ۍ کې | с | Fundraising events 1c | | | | | |
| ar lit | d | Related organizations 1d | | | | | |
| s, Dili | е | Government grants (contributions) 1e | | | | | |
| io Sig | f | All other contributions, gifts, grants, and | | | | | |
| but | | similar amounts not included above 1f | | | | | |
| Ö | g | Noncash contributions included in lines 1a-1f | | | | | |
| anc | h | Total. Add lines 1a-1f | | | | | |
| - | | | Business Code | | | | |
| Ð | 2 a | RENTAL INCOME | 518210 | 930,488. | 930,488. | | |
| , vic | h | | | • | , | | |
| Ser | c | | | | | | |
| am Ser evenue | d | | | | | | |
| gra Re | e | | | | | | |
| Program Service Revenue | f | | | | | | |
| _ | a | - | | 930,488. | | | |
| | 3 | Investment income (including dividends, inte | | , | | | |
| | Ŭ | other similar amounts) | | 140. | | | 140. |
| | 4 | Income from investment of tax-exempt bond | | | | | |
| | 5 | Royalties | | | | | |
| | 5 | (i) Real | (ii) Personal | | | | |
| | 6 0 | | (ii) i oroonai | | | | |
| | 6 a | | | | | | |
| | b | | | | | | |
| | с А | | | | | | |
| | d 7 o | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | <i>i</i> a | assets other than inventory 7a | | | | | |
| | L | Less: cost or other basis | | | | | |
| đ | U | | | | | | |
| evenue | - | | | | | | |
| | | . , | | | | | |
| Other R | | Net gain or (loss) | | | | | |
| the | 8 a | • • | | | | | |
| 0 | | including \$ of contributions reported on line 1c). See | | | | | |
| | | | | | | | |
| | | Part IV, line 18 | ba b | | | | |
| | b | | ~~ | | | | |
| | c 0 o | · · · · · · · · · · · · · · · · · · · | | | | | |
| | ษล | Gross income from gaming activities. See | | | | | |
| | 1- | Part IV, line 19 9 | b | | | | |
| | | | | | | | |
| | C 10 o | | ····· ► | | | | |
| | τυ a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10 | | | | | |
| | | ۰۰۰۰۰۰ L | Db | | | | |
| | с | Net income or (loss) from sales of inventory | | | | | |
| s | | | Business Code | | | | |
| Miscellaneous Revenue | 11 a | | | | | | |
| sellaneo evenue | b | | - | | | | |
| Sev | | | | | | | |
| Mis | | All other revenue | | | | | |
| _ | | Total. Add lines 11a-11d | | 000 000 | 0.00 1.00 | | |
| | 12 | Total revenue. See instructions | 🕨 | 930,628. | 930,488. | 0. | 140. |
| 03200 | 9 12-23 | 3-20 | | | | | Form 990 (2020 |

13060502 131839 011-045597

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| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | r organizations must con | nplete column (A). | |
|--------|--|-----------------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a respon | se or note to any line in t | | | |
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| - | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above to disgualified | | | | |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 5 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| с d | Lobbying | | | | |
| e e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 500,388. | 500,388. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 416,881. | 416,881. | | |
| 23 | Insurance | | | | |
| 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 0.) | | | | |
| а | MISC. EXPENSE | 38,426. | 38,426. | | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 955,695. | 955,695. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Figure if following SOP 98-2 (ASC 958-720) | | | | |
| 032010 | 12-23-20 | | | | Form 990 (2020) |

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MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 10 Part IX Statement of Functional Expenses

Form 990 (2020)

13060502 131839 011-045597

| MONUMENT | ACADEMY | BUILDING | CORPORATION |
|----------|---------|----------|-------------|
|----------|---------|----------|-------------|

26-1401850 Page 11

| | | Check if Schedule O contains a response or note to any line | e in this Part X | | | |
|-----------------------------|----------|--|------------------|---------------------------------|----------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 1,543,177. | 2 | 1,554,167. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or former offic | | | | |
| | | trustee, key employee, creator or founder, substantial contr | ributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons | s (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section | 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 12,370,705. | | | |
| | b | | 3,778,784. | 8,943,394. | 10c | 8,591,921. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 1 (01 (() | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 1,681,666. | 15 | 1,595,299. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 12,168,237. 243,081. | 16 | 11,741,387. |
| | 17 | Accounts payable and accrued expenses | | 243,001. | 17 | 238,831. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 12,816,666. | 19 20 | 12,419,133. |
| | 20 21 | Tax-exempt bond liabilities | | 12,010,000. | 20 | 12,419,133. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Se Loans and other payables to any current or former officer, of | | | 21 | |
| Liabilities | ~~ | trustee, key employee, creator or founder, substantial contr | | | | |
| billid | | controlled entity or family member of any of these persons | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third pa | | | 22 | |
| | 23 | Unsecured notes and loans payable to unrelated third parti- | F | | 23 | |
| | 25 | Other liabilities (including federal income tax, payables to re | Г | | 27 | |
| | 20 | parties, and other liabilities not included on lines 17-24). Co | | | | |
| | | of Schedule D | · . | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 13,059,747. | | 12,657,964. |
| | | Organizations that follow FASB ASC 958, check here | | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | |
| and | 27 | Net assets without donor restrictions | | | 27 | |
| Ba | 28 | Net assets with donor restrictions | | | 28 | |
| pu | | Organizations that do not follow FASB ASC 958, check I | here 🕨 🔀 | | | |
| Ę | | and complete lines 29 through 33. | | | | |
| S S | 29 | Capital stock or trust principal, or current funds | | -2,191,606. | 29 | -2,470,744. |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fu | | 1,300,096. | 30 | 1,554,167. |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or ot | her funds | 0. | 31 | |
| Ne | 32 | Total net assets or fund balances | | -891,510. | 32 | -916,577. |
| | 33 | Total liabilities and net assets/fund balances | | 12,168,237. | 33 | 11,741,387. |
| | | | | | | Form 990 (2020) |

Form 990 (2020)
Part X Balance Sheet

| | 90 (2020) MONUMENT ACADEMY BUILDING CORPORATION | 26- | 1401850 | Pag | _{ge} 12 |
|--------------|--|----------|---------|------|------------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 T | otal revenue (must equal Part VIII, column (A), line 12) | 1 | | | 28. |
| 2 T | otal expenses (must equal Part IX, column (A), line 25) | 2 | | | 95. |
| 3 F | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>67.</u> |
| 4 N | let assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -891 | L,5: | 10. |
| 5 N | let unrealized gains (losses) on investments | 5 | | | |
| 6 D | Donated services and use of facilities | 6 | | | |
| | nvestment expenses | 7 | | | |
| 8 P | Prior period adjustments | 8 | | | |
| 9 C | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 N | let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| <u>c</u> | olumn (B)) | 10 | -91 | 5,5' | <u>77.</u> |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 A | Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH | . 0 | | | |
| lf | the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | |
| 2 a V | Vere the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| lf | "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| S | eparate basis, consolidated basis, or both: | | | | |
| [| Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ьV | Vere the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| lf | "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| С | onsolidated basis, or both: | | | | |
| [| Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| c If | "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| re | eview, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| lf | the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| 3a A | s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audi | t | | 1 |
| | ct and OMB Circular A-133? | | За | | X |
| b lf | "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | 1 |
| 0 | r audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2020)

032012 12-23-20

| SCH | EDU | LE 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 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| | | f the Treasury nue Service | | | Attach to Form 990 or F | | | | | - | pen to Public |
|--------|--------------|-------------------------------|-----------------------|--------------------------|--|-------------------------------------|-----------------|---|------------------------|----------|----------------------|
| | | the organizati | | Go to www.irs.gov | /Form990 for instruction | ons and th | ie latest ir | itormation. | Employor | | fication number |
| INAIII | - 01 | ine organizati | | | MY BUILDING (| | | т | | | 101850 |
| Pa | 1 | Reason | | | (All organizations must c | | | | | 0-1- | ±01030 |
| | | | | | For lines 1 through 12, cl | | | | | | |
| 1 | nyan | | | | n of churches described | | | IVAVi) | | | |
| 2 | | - | | - | Attach Schedule E (Form | | | ·//~//// | | | |
| 3 | | | | | inization described in se | | | i) | | | |
| 4 | | = | - | | njunction with a hospital | | | - | (iii) Enter | the hos | spital's name |
| | | city, and stat | - | | | | | | | | |
| 5 | | • | | or the benefit of a col | lege or university owned | l or operate | ed bv a go | vernmental u | nit describe | ed in | |
| - | | | | Complete Part II.) | 5 | | , , | | | | |
| 6 | | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | | | | - | ntial part of its support fr | | | | e general p | oublic c | lescribed in |
| | | - | | complete Part II.) | | 0 | | | 0 1 | | |
| 8 | | A community | trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultur | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | • |
| | | or university | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or | |
| | | university: | | | | | | | | | |
| 10 | | An organizati | ion that norma | ally receives (1) more t | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | p fees, and | d gross | receipts from |
| | | activities rela | ted to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no i | more than | 33 1/3% of its | s support fr | om gro | oss investment |
| | | income and u | unrelated busi | ness taxable income | (less section 511 tax) fro | om busines | ses acquii | red by the org | anization a | fter Ju | ne 30, 1975. |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | | |
| 11 | _ | An organizati | ion organized | and operated exclusi | vely to test for public sat | fety. See | section 50 |)9(a)(4). | | | |
| 12 | Χ | - | - | | vely for the benefit of, to | | | | • | | |
| | | | | | d in section 509(a)(1) o | | | | | heck t | he box in |
| | | 7 | - | • • | f supporting organizatior | | | | - | | |
| а | | | | | upervised, or controlled | • • • | - | | | | |
| | | | - | | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | pportir | ıg |
| | v | ¬ - | | complete Part IV, Se | | | | | | | |
| b | X | •• | | - | or controlled in connect | | | • | | - | |
| | | | - | | anization vested in the sa | ame perso | ns that coi | ntroi or manaç | je trie supp | onea | |
| ~ | | ¬ ~ | . , | st complete Part IV, | | in connoct | ion with a | and functional | vintograta | d with | |
| С | | | | | g organization operated). You must complete I | | | | y integrate | u witri, | |
| d | | | - | | orting organization oper | | | | ted organiz | ation(s | ٠ |
| ŭ | L | •• | - | | ation generally must sat | | | | °, | • | 7 |
| | | | - | | nplete Part IV, Sections | • | | - | anatoni | 011000 | |
| е | | | | , | vritten determination from | | | | I. Type III | | |
| | | _ | Ũ | | nally integrated supportin | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·, ·, , , - ··· | | |
| f | Ente | er the number | - | | | | | | | | 1 |
| g | Pro | vide the follow | ing informatio | n about the supporte | | | | | | | |
| | (| i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed | (v) Amount of | • | | Amount of other |
| | | organizatior | ו | | above (see instructions)) | Yes | No | support (see in | structions) | suppor | t (see instructions) |
| | | | | | | | | | | | |
| MON | IUM | ENT ACA | DEMY | 27 - 0014128 | 2 | X | | 955 | ,695. | | 0. |
| | | | | | | | | | | | |
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| Tet | | | | | | | | 055 | 605 | | 0 |
| Tota | | | | | | | | ככי א | ,695. | | 0. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 | ction A. Public Support | | | | | | | |
|-------------|--|-----------------------|----------------------|----------------------|----------------------|---------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | _ | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | - | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | |
| ~ | | | | | | | - | |
| | Public support. Subtract line 5 from line 4. | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| | Amounts from line 4 | (a) 2010 | (6) 2017 | (0) 2010 | (0) 2013 | (e) 2020 | | |
| 8 | Gross income from interest, | | | | | | | |
| Ŭ | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| • | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) | | |
| | organization, check this box and stop | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Pe | rcentage | | | | | |
| | Public support percentage for 2020 (I | | • | | | 14 | % | |
| | Public support percentage from 2019 | | | | | 15 | % | |
| 1 6a | 33 1/3% support test - 2020. If the o | | | | e 14 is 33 1/3% or n | nore, check this bo | x and | |
| | stop here. The organization qualifies | | - | | | | | |
| b | 33 1/3% support test - 2019. If the o | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | - | | | | | |
| | and if the organization meets the fact | | - | | | U U | | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| 0 | | | - | | | | 10% Or | |
| | more, and if the organization meets the | | | | | | | |
| 18 | organization meets the facts-and-circu Private foundation. If the organization | | | - | | | | |
| 10 | The organization | and the offer a | | ou, 100, 17a, 01 17 | | edule A (Form 990 | | |
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Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 3 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 | ction A. Public Support | | | | | | |
|-------|--|--------------------|----------------------|----------------------|-------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | - | - | - | - | - |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizati | on, |
| | check this box and stop here | <u></u> | | | | | |
| Sec | ction C. Computation of Public | Support Pe | rcentage | | | | |
| | Public support percentage for 2020 (lin | | • | column (f)) | | 15 | % |
| | Public support percentage from 2019 | (| 1 | | | 16 | % |
| | ction D. Computation of Invest | | | | | 1 1 | |
| | Investment income percentage for 202 | | | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2020. If the | | | | | | |
| - | more than 33 1/3%, check this box an | - | - | | | | ► |
| b | 33 1/3% support tests - 2019. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check | | | | | | |
| | Private foundation. If the organization | T UIU HOL CHECK A | box on line 14, 19 | a, or 190, check ti | | | |
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Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 4 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b <u>5c</u> х 6 Х 7 Х 8 х 9a Х 9b Х 9c Х 10a 10b

Yes

Х

1

No

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| 10 | Continuea) | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | Х |
| b | A family member of a person described in line 11a above? | 11b | | Х |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | Х |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |

| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | |
|---|--|--|
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated | |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

| Section C. Type II Supporting Organizations | |
|---|---------|
| | Yes |
| | |

 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
 Image: Control organization was vested in the same persons that controlled or managed

 the supported organization(s).
 Image: Control was vested in the same persons that controlled or managed
 Image: Control was vested in the same persons that controlled or managed

| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

| | | | res | NO |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section 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 instructions) |). |
|---|---|--------------------|----|
| | O | 1000 11104 4040110 | , |

- a 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 instructions). | _ |
|---|--|---|---|---|
|---|--|---|---|---|

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

3a

3b

1

2

No

Voc No

Yes No

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| | dule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY BUILDI | | | 26-1401850 Page 6 |
|------|--|--------------|---------------------------|--------------------------------|
| Pa | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | | , | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | t complete | e Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integrat | ted Type III supporting c | organization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 7

| 1 41 | rt V Type III Non-Functionally Integrated 509 | 9(a)(3) Supporting Orga | nizations (continu | ued) | |
|----------|---|--------------------------------|---------------------------|------|------------------------|
| Secti | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | ses of supported organizations | 6 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sacti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior | าร | (iii) Distributable |
| | | | Pre-2020 | | Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able 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 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| <u>i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 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 Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

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| Schedule A Part VI | (Form 990 or 990-EZ) 2020 Supplemental Infor | mation. Provide | the explanation | s required by Part | II, line 10; Part II, line 17a | 26-1401850 or 17b; Part III, line 12; | |
|--------------------|---|---------------------|--------------------|---------------------|--------------------------------|--|----------------|
| | Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.) | lines 2 and 3; Part | IV, Section E, lir | nes 1c, 2a, 2b, 3a, | and 3b; Part V, line 1; Par | t V, Section B, line 1e; Pa | n C, art V, |
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| 032028 01-25-2 | 21 | | | 21 | Schee | dule A (Form 990 or 990- | EZ) 2020 |

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| SCHEDULE | D |
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Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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



| Nam | e of the organization MONUMENT ACADEMY BU | TTLDING CO | RPORATION | | Employer identification number $26 - 1401850$ |
|--------|---|-------------------------|-------------------------------|---------------|---|
| Par | | | | or Acc | |
| | organization answered "Yes" on Form 990, Part IV, lin | | | | |
| | | | dvised funds | (b) | Funds and other accounts |
| 4 | Total number at and of year | | | (2) | |
| 1 | Total number at end of year Aggregate value of contributions to (during year) | | | | |
| 2 | | | | | |
| 3 ⊿ | Aggregate value of grants from (during year) | | | | |
| 4 5 | Aggregate value at end of year Did the organization inform all donors and donor advisors in v | writing that the acce | to hold in donor advir | l od fundo | |
| 5 | - | - | | | |
| 6 | are the organization's property, subject to the organization's | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o | - | - | | |
| | | | | | |
| Par | impermissible private benefit? t II Conservation Easements. Complete if the org | nanization answered | "Ves" on Form 990 | Part IV li | |
| | | | | raitiv, iii | |
| 1 | Purpose(s) of conservation easements held by the organization | | | fabiotori | celly important land area |
| | Preservation of land for public use (for example, recreation | tion or education) | | | cally important land area |
| | Protection of natural habitat | | Preservation c | or a certifie | ed historic structure |
| • | Preservation of open space | | and the strength and a factor | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | led conservation co | ntribution in the form | of a cons | |
| | day of the tax year. | | | - F | Held at the End of the Tax Year |
| | Total number of conservation easements | | | | 2a |
| b | | | ······ | | 2b |
| C | Number of conservation easements on a certified historic stru | | | | 2c |
| d | Number of conservation easements included in (c) acquired a | | | | |
| - | listed in the National Register | | | ····· – | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished | , or terminated by the | e organiza | ition during the tax |
| | year ▶ | | | | |
| 4 | Number of states where property subject to conservation eas | | | | |
| 5 | Does the organization have a written policy regarding the per | | spection, handling of | | |
| _ | violations, and enforcement of the conservation easements it | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violation | is, and enforcing con | servation | easements during the year |
| _ | • | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, an | d enforcing conserva | ation ease | ments during the year |
| _ | \$ | | | 6 | |
| 8 | Does each conservation easement reported on line 2(d) abov | | | | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | - | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organizat | ion's financial statem | ents that | describes the |
| Der | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historias | | they Cin | nilor Acceto |
| Par | | - | - | uner Sin | lillar Assels. |
| | Complete if the organization answered "Yes" on Form | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | | | |
| | of art, historical treasures, or other similar assets held for pub | | | | e of public |
| | service, provide in Part XIII the text of the footnote to its finar | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | · - | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education | on, or research in furt | herance o | f public service, |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ |
| | | | | | ▶ \$ |
| 2 | If the organization received or held works of art, historical trea | asures, or other simi | lar assets for financia | al gain, pro | ovide |
| | the following amounts required to be reported under FASB A | - | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ |
| | Assets included in Form 990, Part X | | | | ► \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | | | Schedule D (Form 990) 2020 |
| 032051 | 12-01-20 | | | | |

| | | T ACADEMY | | | | | | 1401850 | | _{age} 2 |
|----------|--|-----------------------------|-------------------|--------------|-------------------------------|---|------------------|-------------------------|----------|------------------|
| Par | t III Organizations Maintaining C | ollections of A | art, Hist | torical T | reasures, or | Other S | Similar Ass | sets _{(contin} | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other recor | ds, chec | k any of th | e following that | make sigr | nificant use of | its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or e | xchange progra | m | | | | |
| b | Scholarly research | | е 🗌 | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain how t | hey furthe | the organizatio | n's exemp | t purpose in l | Part XIII. | | |
| 5 | During the year, did the organization solicit o | - | | - | - | | | | | |
| | to be sold to raise funds rather than to be ma | | | | • | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | IV, line 9, or | | |
| | reported an amount on Form 990, Pa | | | 0 | | | , | , , | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other interme | ediary for | contributi | ons or other ass | ets not inc | cluded | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | • | 5 | | | | | Amount | | |
| с | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on Fe | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | • | | | | 1 |
| Par | | | | | | | | | | |
| | I | (a) Current year | | Prior year | | | I) Three years b | oack (e) Four | vears | back |
| 1a | Beginning of year balance | | | , nor your | | <u>, , , , , , , , , , , , , , , , , , , </u> | , | | jeare | Baon |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| e | | | | | | | | | | |
| f | Administrative expenses | | _ | | | | | | | |
| | | | | | | | | | | |
| g 2 | End of year balance Provide the estimated percentage of the curr | L | | a oolumn | | | | | | |
| | | | ا عادان) عان % | g, column | (a)) Heiu as. | | | | | |
| a L | Board designated or quasi-endowment Permanent endowment | % | 70 | | | | | | | |
| b | | % % | | | | | | | | |
| с | | • - | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | • | | | e e el e el esterio i e terro | | | | | |
| за | Are there endowment funds not in the posse | ession of the organi | zation th | at are neid | and administer | ed for the | organization | Г | V. | N |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| D | If "Yes" on line 3a(ii), are the related organiza | | | | {? | | | 3b | | |
| 4 Dai | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | lowment | tunds. | | | | | | |
| I ai | | | 0. 0-41 | 1/ 1:00 110 | C | Deut V lie | . 10 | | | |
| | Complete if the organization answere | | | | | | | ()) | <u> </u> | |
| | Description of property | (a) Cost or basis (inves | | • • • | ost or other | • • | umulated | (d) Bool | value | e |
| | | · · · · · | aneni) | | sis (other) | uepro | eciation | 710 | <u> </u> | <u></u> |
| | Land | | | | | 2 77 | 70 704 | | | 27. |
| | Buildings | | | 1 11,6 | 52,178. | 3,1 | 78,784. | 7,873 |), 3 | 54. |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | | | | | | |
| | Other | | | | | | | 0 504 | | 01 |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Pai | rt X, colu | mn (B), line | <u>e 10c.)</u> | | | 8,591 | | |
| | | | | | | | Sche | dule D (Form | 990) | 2020 |

032052 12-01-20

| | Investments - Other Securities. Complete if the organization answered "Yes" | on Form 990 Part IV line | 11b See Form 990 Part X line 12 | |
|-------------|--|----------------------------|--|------------------------------|
| (a) Descrip | Dition of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-vear market value |
| | al derivatives | (| | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | - | | | |
| (F) | - | | | |
| (G) | | | | |
| (H) | - | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | | , |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| (1) DE | Complete if the organization answered "Yes" (a) CFERRED OUTFLOWS OF RESO | Description | | (b) Book value 1,595,299. |
| (2) | | | | _,, |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. | e 15.) | | 1,595,299. |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. | (a) Description of liability | | | (b) Book value |
| | deral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) line | | | |
| | o for uncertain tax positions. In Part XIII, provide | | | |
| organiz | ation's liability for uncertain tax positions under | FASB ASC 740. Check he | ere if the text of the footnote has been pro | vided in Part XIII |

MONUMENT ACADEMY BUILDING CORPORATION

| Schedule | D | (Form | 990) | 2020 |
|----------|---|---------------|------|------|
| | _ | · · · · · · · | , | |

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032053 12-01-20

Schedule D (Form 990) 2020

| _ | dule D (Form 990) 2020 MONUMENT ACADEMY BUILDING | | | | 401850 _{Page} 4 |
|--|--|--|----------------|---------|---------------------------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With R | levenue per Re | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | а. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 930,628. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | | | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 930,628. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| C | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 930,628. |
| 5 | | | Expenses per l | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents With | Expenses per l | | |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem | nents With I a. | Expenses per l | | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | nents With I a. | Expenses per l | Return. | |
| 5 Pa 1 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | a. | Expenses per l | Return. | |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | a. 2a | Expenses per l | Return. | |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a2 | Expenses per l | Return. | |
| 5 Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a | Expenses per l | Return. | |
| 5 Pa 1 2 b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | Expenses per l | Return. | 919,638. |
| 5 Pa 1 2 b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | Expenses per l | Return. | 919,638. |
| 5 Pa 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | Expenses per l | 1 2e | 919,638. |
| 5 Pa 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | Expenses per l | Return. | 919,638. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2a 2b 2c 2d | Expenses per l | Return. | 919,638. 0. 919,638. |
| 5 Pa 1 2 a b c d e 3 4 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b | 2a 2b 2c 2d 2d | 36,057. | Return. | 919,638. 0. 919,638. 36,057. |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d | 36,057. | Return. | 919,638. 0. 919,638. |

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| DEPRECIATION | 346,241. |
|--|-----------|
| AMORTIZATION | 70,640. |
| DEBT PAYMENTS | -415,000. |
| INTEREST PAYABLE | -4,250. |
| CAPITAL OUTLAYS | 38,426. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 36,057. |

| (Fori Depart | SCHEDULE K Supplemental Information on Tax-Exempt Bonds Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury Internal Revenue Service Attach to Form 990. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | | C | MB No. 20 pen to spect | 20 9 Publ | | |
|------------------------|---|----------------------------------|----------------------|--------------|-----------------|----------|----------|-------------|------------------|---------------|--------|---------------------------------|--------------|-----------------|------------|
| Nam | Name of the organization Employer identification MONUMENT ACADEMY BUILDING CORPORATION 26-140185 | | | | | | | | | | | n num | ber | | |
| Par | t I Bond Issue | es SE | E PART VI | FOR COLUM | NS (A) AND |) (F) C | CONTIN | NUATIONS | | | | | | | |
| | (a) | lssuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issu | le price | (f) Descrip | otion of purpose | (g) De | feased | (h) On of is: | | (i) Po finan | |
| | | | | | | | | | | Yes | No | Yes | | | <u> </u> |
| | | EDUCATIONAL AND | | | | | | ADVANCE | REFUNDING | | NO | res | NO | res | No |
| | | FACILITIES AUTH | 81-0806727 | 106150707 | 12/10/11 | 1165 | 9163 | | ES 2007A A | | x | | x | | х |
| <u>A (</u> | JUDIORAD . | FACIDITIES AUTI | 04-0090727 | I 904 JKZQ / | 12/19/14 | 1405 | 0103. | OF SERI | 2007A A | | ~ | | | | _ <u>_</u> |
| В | | | | | | | | | | | | | | | |
| с | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Par | t II Proceeds | | | | | | | | | | | | | | |
| | | | | | A | 0,000. | | В | C | | | | D | | |
| 1 | Amount of bond | | | | 2,1/(| 0,000. | | | | | | | | | |
| 2 | | | | | | 0 1 6 2 | | | | | | | | | |
| 3 | Total proceeds o | | <u></u> | <u></u> | 14,658 | 2,137. | | | | | | | | | |
| 4 | | | | | | 4,13/. | | | | | | | | | |
| 5 | • | | | | 13,352 | 1 706 | | | | | | | | | |
| 6 | Proceeds in refu | | | | | 4,239. | | | | | | | | | |
| 7 | Issuance costs f | | | | 57. | ±,239• | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| <u>9</u> 10 | | | <u></u> | | | | | | | | | | | | |
| 11 | Other spent pro | | | | | | | | | | | | | | |
| 12 | Other unspent p | | ····· | | | | | | | | | | | | |
| 13 | Year of substant | | | | | 014 | | | | | | | | | |
| 10 | | | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 | Were the bonds | issued as part of a refunding is | ssue of tax-exempt h | onds (or | | | 103 | | | 110 | | 103 | | 110 | |
| | | 2018, a current refunding issu | - | | x | | | | | | | | | | |
| 15 | | issued as part of a refunding is | | | | | | | | | | | | | |
| | | 018, an advance refunding iss | | () | | х | | | | | | | | | |
| 16 | | ocation of proceeds been made | | | v | | | | | | | | | | |
| 17 | | zation maintain adequate book | | | | | | | | | | | | | |
| | final allocation o | | | · | X | | | | | | | | | | |

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Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 MONUMENT ACADEMY BUILDING CORPORATION

26-1401850

Page **2**

| Par | t III Private Business Use | | | | | | | | | | |
|------|---|-----|----|-----|------------|-----|---------|-----|----------|--|----------|
| | | | A | | 3 | | С | | D | | |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No | | |
| | which owned property financed by tax-exempt bonds? | | X | | | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | | | |
| | bond-financed property? | | x | | | | | | | | |
| 3a | Are there any management or service contracts that may result in private | | | | | | | | | | |
| | business use of bond-financed property? | | x | | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | | | | | | | | | | |
| c | Are there any research agreements that may result in private business use of | | | | | | | | | | |
| | bond-financed property? | | x | | | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | | | |
| | outside counsel to review any research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | • | | | | • | | | | |
| - | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % | | |
| 5 | Enter the percentage of financed property used in a private business use as a | | /0 | | ,,, | | // | | | | |
| - | result of unrelated trade or business activity carried on by your organization, | | | | | | | | | | |
| | another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % | | |
| 6 | Total of lines 4 and 5 | | % | | % | | | | % | | <u>%</u> |
| 7 | Does the bond issue meet the private security or payment test? | | X | | <u>,,,</u> | | <u></u> | | 70 | | |
| | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | | | |
| ou | governmental person other than a 501(c)(3) organization since the bonds were issued? | | x | | | | | | | | |
| h | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | 1 | | 1 | | |
| | disposed of | | % | | % | | % | | % | | |
| | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | // | | <u>,,,</u> | | // | | | | |
| Ū | sections 1.141-12 and 1.145-2? | | | | | | | | | | |
| | Has the organization established written procedures to ensure that all | | | | | | | | | | |
| 5 | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | | x | | | | | | | | |
| Par | t IV Arbitrage | | 11 | | | | | | | | |
| 1 41 | 7.05.0050 | | A | | 3 | | С | | D | | |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No | | |
| • | Penalty in Lieu of Arbitrage Rebate? | 100 | X | 100 | | 100 | | 100 | | | |
| 2 | If "No" to line 1, did the following apply? | | | | 1 | | 1 | | 1 | | |
| - | Rebate not due yet? | | X | | | | | | | | |
| | Exception to rebate? | | X | | | | | | | | |
| | | X | | | | | | | + | | |
| | No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | 1 | | 1 | | 1 | | <u> </u> | | |
| | performed | | | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | | | |
| | וש נווט שטווע וששע א אמומטוב ומנכ וששע ו | | | | | | | | 1 | | |

Schedule K (Form 990) 2020 MONUMENT ACADEMY BUILDING CORPORATION

26-1401850

Page 3

| Part IV Arbitrage (continued) | | | | | | | | |
|--|-----|----|-----|----------|-----|----|-----|----------|
| | Α | | В | | С | | D | |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | Х | | | | | | | <u> </u> |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | Ą | | I | <u>B</u> | C C | | D | |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the | | | | | | | | I |
| voluntary closing agreement program if self-remediation isn't available under | | | | | | | | I |
| applicable regulations? | Х | | | | | | | l |
| Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. | | | | | | | | |
| SCHEDULE K, PART I, BOND ISSUES: | | | | | | | | |
| (A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY | | | | | | | | |
| (F) DESCRIPTION OF PURPOSE: | | | | | | | | |
| ADVANCE REFUNDING OF SERIES 2007A AND 2008A AND TO FUND A BOND RESERVE | | | | | | | | |
| | | | | | | | | |
| SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: | | | | | | | | |
| (A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY | | | | | | | | |
| DATE THE REBATE COMPUTATION WAS PERFORMED: 10/22/2019 | | | | | | | | |
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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.

MONUMENT ACADEMY BUILDING CORPORATION



Employer identification number

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

THE ORGANIZATION HAD NO COMMITTEES.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY THE MANAGEMENT. ONCE A DRAFT OF THE FILING IS

AVAILABLE, THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW.

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

THE BYLAWS STATE THAT ANY RESPONSIBLE PERSON SHALL IMMEDIATELY INFORM THE BOARD OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD THEN HAS THE RIGHT TO APPROVE OR DENY THE TRANSACTION. IF THE CONFLICT OF INTEREST INVOLVED A BOARD MEMBER THE FINANCE TEAM AND BOARD OF DIRECTORS AT MONUMENT ACADEMY, A SUPPORTED ORGANIZATION, SHALL SUPPORT THE BUILDING CORPORATION WITH FINANCIAL OVERSIGHT. POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE BOARD MEETINGS AND DOCUMENTED IN THE MEETING MINUTES.

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 THROUGH ITS

WEBSITE.

FORM 990, PART XII, LINE 1:

THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING AS

PRESCRIBED BY THE COLORADO DEPARTMENT OF EDUCATION. THE SCHOOL-WIDE

FINANCIAL STATEMENTS ARE REPORTED USING THE ECONOMIC RESOURCES

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

13060502 131839 011-045597

29

| Schedule O (Form 990 or 990-EZ) 2020 | |
|--------------------------------------|--|
| Name of the organization | |

MEASUREMENT FOCUS AND THE ACCRUAL BASIS OF ACCOUNTING. GRANTS AND

MONUMENT ACADEMY BUILDING CORPORATION

SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIREMENTS IMPOSED

BY THE PROVIDER HAVE BEEN MET.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED.

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

MONUMENT ACADEMY BUILDING CORPORATION

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | - | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | Legal domicile (state or Exempt Code | | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|-------------------------|---|--------------------------------------|-------------|-------------------------------------|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 | | | | | | | |
| 1150 VILLAGE RIDGE POINT | | | | | | | |
| MONUMENT, CO 80132 | SCHOOL | COLORADO | 501(C)(3) | LINE 2 | N/A | | х |
| MONUMENT ACADEMY FOUNDATION - 51-0506848 | | | | | | | |
| 1150 VILLAGE RIDGE POINT | | | | | | | |
| MONUMENT, CO 80132 | SCHOOL SUPPORT | COLORADO | 501(C)(3) | LINE 12A, I | MONUMENT ACADEMY | | х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number 26 - 1401850

Schedule R (Form 990) 2020 MONUMENT ACADEMY BUILDING CORPORATION

26-1401850 Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) | |
|--|------------------|---|---|---------------------------------------|--------------------------------------|--|---|----|---------------------|--|--------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or (state or | Legal domicile (state or foreign | Legal domicile (state or entity | state or entity (related, unrelated, | Share of total Share of income end-of-year | and a firm a | | ortionate tions? | Code V-UBI Ge amount in box 20 of Schedule | Genera manag partn | ^{ll or} Percentage ^{jing} ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | domicile tate or preign Direct controlling Type (C con or | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | Share of total | (g) Share of end-of-year assets | (h) Percentage ownership | contr | i) tion o)(13) rolled ity? |
|---|--------------------------------|---|---|--|---------------------------------|----------------|---|---------------------------------------|-------|--|
| | | country) | | | | | | Yes | No | |
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Schedule R (Form 990) 2020 MONUMENT ACADEMY BUILDING CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | X | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | X | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| o | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | X |
| | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | | Х |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------|--|---|-------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| <u>(5)</u> | | | | |
| (6) | | | | |

Schedule R (Form 990) 2020 MONUMENT ACADEMY BUILDING CORPORATION

26-1401850 Page 4

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

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

| (a) | (b) | (c) | (d) | 6 | -) | (f) | (g) | (ł | 1) | (i) | (j) | | (k) | | | | | | | | | | | |
|------------------------|---------------------------------------|-------------------|--|-----------------------|-------------------------------|----------|-------------|-------------------------|---------------------|--|-----------------|----------------|---------|--|--|--|--|--|--|--|--|--|--|--|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are | e) e all rs sec. | Share of | | | - , opor- | Code V-UBI | Genera | | centage | | | | | | | | | | | |
| of entity | , , , , , , , , , , , , , , , , , , , | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partne 501(org | c)(3) s.? | total | end-of-year | Dispr tior alloca | nate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag partne | ing er? owr | nership | | | | | | | | | | | |
| | | country) | sections 512-514) | Yes | | income | | Yes | No | (Form 1065) | Yes | 10 | | | | | | | | | | | | |
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Schedule R (Form 990) 2020

| Schedule R (I | Form 990 |) 2020 |
|---------------|----------|--------|
|---------------|----------|--------|

Part VII | Supplemental Information

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

Schedule R (Form 990) 2020

032165 10-28-20

CLIFTONLARSONALLEN LLP 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111

> Monument Academy Foundation 1150 VILLAGE RIDGE POINT MONUMENT, CO 80132

Huhhhumhhuhhuhhhhu

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

19440506 131839 A214216



CliftonLarsonAllen LLP CLAconnect.com

Monument Academy Foundation 1150 Village Ridge Point Monument, CO 80132 Attention: Marc Brocklehurst

Dear Marc:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:



This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

MONUMENT ACADEMY FOUNDATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

| Form 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | | OMB No. 1545-0047 |
|--|---|--|--|
| Department of the Treasury Internal Revenue Service | For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information. | , ₂₀ 21 | 2020 |
| Name of exempt organization of | | Taxpayer | identification number |
| | | | |
| Name and title of officer or per | | 51-0 | 506848 |
| MARC BROCKLEHURST | | | |
| CHIEF FINANCIAL OFFI | | | |
| | Return and Return Information (Whole Dollars Only) In for which you are using this Form 8879-EO and enter the applicable amount, if an | y from the rotu | |
| check the box on line 1a, 2 blank, then leave line 1b, 2 | 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed (b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you e applicable line below. Do not complete more than one line in Part I. | with this form | was |
| 1a Form 990 check here | | | 4,989. |
| 2a Form 990-EZ check he | | | |
| 3a Form 1120-POL check 4a Form 990-PF check he | | | |
| 5a Form 8868 check here | | | |
| 6a Form 990-T check her | | | |
| 7a Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | | |
| | ion and Signature Authorization of Officer or Person Subject to | | with respect to |
| (name of organization) | | - | t with respect to that I have examined a copy |
| to receive from the IRS (a) processing the return or ret Agent to initiate an electror software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ne | mediate service provider, transmitter, or electronic return originator (ERO) to send the an acknowledgement of receipt or reason for rejection of the transmission, (b) the fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and nic funds withdrawal (direct debit) entry to the financial institution account indicated e federal taxes owed on this return, and the financial institution to debit the entry to the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days p thorize the financial institutions involved in the processing of the electronic payment cessary to answer inquiries and resolve issues related to the payment. I have select as my signature for the electronic return and, if applicable, the consent to electronic | reason for any e its designated in the tax prep this account. T prior to the pay of taxes to rec ed a personal | delay in Financial aration io revoke ment ieive |
| X I authorize CLII | FTONLARSONALLEN LLP | to enter m | |
| | ERO firm name | | Enter five numbers, but do not enter all zeros |
| a state agency(ie PIN on the return As an officer or p electronically file | on the tax year 2020 electronically filed return. If I have indicated within this return t es) regulating charities as part of the IRS Fed/State program, I also authorize the afor of s disclosure consent screen. Deerson subject to tax with respect to the organization, I will enter my PIN as my sign d return. If I have indicated within this return that a copy of the return is being filed of es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure | rementioned Ef ature on the tax with a state age | RO to enter my x year 2020 ency(ies) |
| Signature of officer or person subjec | t to tay | Па | te 🕨 |
| | tion and Authentication | Du | |
| - | ur six-digit electronic filing identification your five-digit self-selected PIN. 84780355902 Do not enter all z | eros | |
| - | neric entry is my PIN, which is my signature on the 2020 electronically filed return in turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In siness Returns. | | |
| ERO's signature 🕨 SARAH I | HINTZ Date 🕨 🤇 | 05/06/22 | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To | Do So | |
| LHA For Paperwork Red | uction Act Notice, see instructions. | | Form 8879-EO (2020) |
| 023051 11-03-20 | | | |

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| Type or | Name of exempt organization or other filer, see instru | ictions. | Т | axpaye | r identificat | ion number (TIN) | |
|--|--|--------------|--|-----------|---------------|-----------------------------|--|
| print | MONUMENT ACADEMY FOUNDATION | | 51-05 | 06848 | | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, s 1150 VILLAGE RIDGE POINT | see instruct | ions. | 5 | 51 00 | | |
| instructions. | City, town or post office, state, and ZIP code. For a f MONUMENT, CO 80132 | oreign addı | ess, see instructions. | | | | |
| Enter the | Return Code for the return that this application is for (fil | e a separat | e application for each return) | | | 0 1 | |
| Applicati | on | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990 | -BL | 02 | Form 1041-A | | | 08 | |
| Form 472 | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 990 | PF | 04 | Form 5227 | | | 10 | |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 990 | Form 990-T (trust other than above) 06 Form 8870 | | | | | | |
| | MARC BROCKLEHURST | | | | | | |
| | poks are in the care of 🕨 1150 VILLAGE RIDGE PO | INT - MO | NUMENT, CO 80132 | | | | |
| Teleph | one No. 719-481-1950 | | Fax No. 🕨 | | | | |
| | organization does not have an office or place of busines | | | | | | |
| • If this | s for a Group Return, enter the organization's four digit | | | | | | |
| box 🕨 | If it is for part of the group, check this box $ig>$ | and atta | ch a list with the names and TINs of all | memb | ers the ext | ension is for. | |
| | | | | | | | |
| | quest an automatic 6-month extension of time until | | | ne exen | npt organiz | ation return for | |
| the | organization named above. The extension is for the org | anization's | return for: | | | | |
| | calendar year or | | | | | | |
| | X tax year beginning JUL 1, 2020 | , an | d ending 30 , 2021 | | · | | |
| | | | | | | | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c | heck reaso | n: Initial return Fir | al retur | 'n | | |
| | Change in accounting period | | | | | | |
| | | | | | 1 | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, e | enter the tentative tax, less | | | 0 | |
| | nonrefundable credits. See instructions. | | · · · · · · | <u>3a</u> | \$ | 0. | |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | 0. | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ | | | | | υ. | | |
| | ance due. Subtract line 3b from line 3a. Include your pa | • | | | | 0. | |
| | ng EFTPS (Electronic Federal Tax Payment System). Se | | | <u>3c</u> | \$ | | |
| instructio | If you are going to make an electronic funds withdrawal ns. | (airect det | oit) with this form 8868, see form 8453 | s-EO an | a Form 88 | 19-EO for payment | |
| | or Privacy Act and Paperwork Reduction Act Notice. | soo instru | ctions | | Form | n 8868 (Rev. 1-2020) | |

| Form 990 |
|-----------------|
|-----------------|

Return of Organization Exempt From Income Tax

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

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



Department of the Treasury Internal Revenue Service

| | | \Rightarrow 2020 calendar year, or tax year beginning $JUL 1$, 2020 and end | ding JU | | | | |
|--------------------------------|---|---|--------------|---|---|--|--|
| B C a | heck if pplicab | c Name of organization | | D Employer identifi | cation number | | |
| | Addre | MONUMENT ACADEMY FOUNDATION | | | | | |
| | Name chang | | | 51-0506848 | | | |
| | Initial | | om/suite | E Telephone numbe | r | | |
| | Final return | 1150 VILLAGE RIDGE POINT | on our our o | 719-481-1950 | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,989. | | |
| | Amen | MONOMINI, CO UUISZ | | H(a) Is this a group re | eturn | | |
| | Applic tion | F Name and address of principal officer: MARC BROCKDENORST | | for subordinates | ? 🗌 Yes 🗶 No | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | |
| | | empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) or [| 527 | If "No," attach a | list. See instructions | | |
| | | Re: WWW.MONUMENTACADEMY.NET | I | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other | L Year o | of formation: 2004 | VI State of legal domicile: CO | | |
| Pa | art I | Summary | | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: PROVIDE F | FINANCIA | AL SUPPORT FOR | | | |
| anc | | THE DAY TO DAY OPERATIONS OF MONUMENT ACADEMY. | | | | | |
| Governance | | Check this box if the organization discontinued its operations or disposed | | | sets. | | |
| 200 | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 2 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 | | |
| Activities & | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 2 | | |
| ti | 6 | Total number of volunteers (estimate if necessary) | | | 0. | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. | | | |
| | | | ····· | Prior Year | Current Year | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | 0. | | |
| une | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 333,833. | 4,989. | | |
| č | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 333,833. | 4,989 | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | ٥. | | |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots | | 0. | 0. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| a | Ь | Total fundraising expanses (Dert IV, ealume (D), line 25) | ^ | | | | |
| ы | | | 0. | | | | |
| Ě | 1 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,095,916. | 2,555,225. | | |
| Ă | 18 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,095,916. | 2,555,225. | | |
| | 17 18 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,095,916. -1,762,083. | 2,555,225. -2,550,236. | | |
| | 17 18 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,095,916. -1,762,083. jinning of Current Year | 2,555,225. -2,550,236. End of Year | | |
| | 17 18 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) | | 2,095,916. -1,762,083. inning of Current Year 29,477,598. | 2,555,225. -2,550,236. End of Year 24,639,439. | | |
| | 17 18 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) | | 2,095,916. -1,762,083. Jinning of Current Year 29,477,598. 31,237,923. | 2,555,225. -2,550,236. End of Year 24,639,439. 28,950,000. | | |
| Net Assets or Fund Balances | 18 19 20 21 22 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 2,095,916. -1,762,083. inning of Current Year 29,477,598. | 2,555,225. -2,550,236. End of Year 24,639,439. | | |
| Het Assets or Fund Balances | 18 19 20 21 22 art II | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 2,095,916. -1,762,083. inning of Current Year 29,477,598. 31,237,923. -1,760,325. | 2,555,225. -2,550,236. End of Year 24,639,439. 28,950,000. -4,310,561. | | |
| Der Assets or Belandes | 18 19 20 21 22 art II er pena | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and | Beg | 2,095,916. -1,762,083. jinning of Current Year 29,477,598. 31,237,923. -1,760,325. hts, and to the best of my | 2,555,225. -2,550,236. End of Year 24,639,439. 28,950,000. -4,310,561. | | |
| Der Assets or Belandes | 18 19 20 21 22 art II er pena | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block | Beg | 2,095,916. -1,762,083. jinning of Current Year 29,477,598. 31,237,923. -1,760,325. hts, and to the best of my | 2,555,225. -2,550,236. End of Year 24,639,439. 28,950,000. -4,310,561. | | |
| Der Assets or Belandes | 18 19 20 21 22 art II er pena | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and | Beg | 2,095,916. -1,762,083. jinning of Current Year 29,477,598. 31,237,923. -1,760,325. hts, and to the best of my | 2,555,225. -2,550,236. End of Year 24,639,439. 28,950,000. -4,310,561. | | |

| | Type or print name and title | | | | | | | |
|------------|---|----------------------|----------|-------------------------|--|--|--|--|
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | |
| Paid | SARAH HINTZ | SARAH HINTZ | 05/06/22 | self-employed P00492291 | | | | |
| Preparer | Firm's name 🕒 CLIFTONLARSONALLEN LLP | P F | | irm's EIN 🕨 41-0746749 | | | | |
| Use Only | e Only Firm's address 5390 EAST CRESCENT PARKWAY, SUITE 300 | | | | | | | |
| | GREENWOOD VILLAGE, CO 80111 Phone no.(303) 779-5710 | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2020) MONUMENT ACADEMY FOUNDATION | 51-0506848 Page 2 |
|--------|---|--------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR | |
| | EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION | |
| | 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SPECIFICALLY FOR THE | |
| | PURPOSE OF LEASING OR HOLDING TITLE TO REAL AND/OR PERSONAL PROPERTY | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as n | neasured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | |
| | revenue, if any, for each program service reported. | |
| 4a | | e\$) |
| | PROVIDED FINANCIAL SUPPORT FOR THE DAY TO DAY OPERATIONS OF THE | , |
| | MONUMENT ACADEMY. | * |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | e\$) |
| | () (| , , |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenu | e\$) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 2,555,225. | |
| | | Form 990 (2020) |
| 032002 | 2 12-23-20 | . , |

3 2020.06000 MONUMENT ACADEMY FOUNDATI A2142161

| Form | aan | (2020) |
|------|-----|--------|
| | | |

MONUMENT ACADEMY FOUNDATION

Page 3

| Par | t IV Checklist of Required Schedules | | | |
|--------|--|-----------|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | x |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 110 | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | <u> </u> |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | 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 | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| . – | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| - | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | | x |
| 10 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 18 | | |
| 19 | | 19 | | x |
| 20-2 | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | x |
| 032003 | 12-23-20 | | 990 | (2020) |

4

| Form 990 (| 2020) | | | FOUNDATIO |
|------------|----------------|-------------|----------|-------------|
| Part IV | Checklist of F | Required Se | chedules | (continued) |

| | | | Yes | No |
|--------|---|-----|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | Х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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 | | х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L. Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 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 | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 0. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | I |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \square |
| | | | Yes | No |
| 19 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | .03 | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | (gambling) winnings to prize winners? | 1c | | |
| 032004 | (ganoing) withings to prize withers: | | 990 | (2020) |
| | | | | () |

5 2020.06000 MONUMENT ACADEMY FOUNDATI A2142161

| | | (2020) MONUMENT ACADEMY FOUNDATION | 51-050684 | 8 | Р | age 5 |
|-----|--------|--|------------------------------|----------|-----|--------------|
| Par | t V | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | | | | Yes | No |
| 2a | Ente | er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed | I for the calendar year ending with or within the year covered by this return | 2a 0 | | | |
| b | lf at | least one is reported on line 2a, did the organization file all required federal employment tax return | s? | 2b | | |
| | Note | e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |) | | | |
| 3a | Did | the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | Х |
| b | lf "Y | es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (| O | 3b | | |
| 4a | At a | ny time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | |
| | finar | ncial account in a foreign country (such as a bank account, securities account, or other financial ac | count)? | 4a | | X |
| b | lf "Y | 'es," enter the name of the foreign country ▶ | | | | |
| | See | instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | | | |
| 5a | Was | the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did | any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | tion? | 5b | | x |
| с | lf "Y | es" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | | s the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any | contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | lf "Y | es," did the organization include with every solicitation an express statement that such contributio | | | | |
| | were | e not tax deductible? | | 6b | | |
| 7 | Org | anizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did t | the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv | vices provided to the payor? | 7a | | X |
| b | lf "Y | 'es," 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 | | | | |
| | to fil | le Form 8282? | | 7c | | x |
| d | | /es," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | | the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ntract? | 7e | | X |
| f | Did | the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | ct? | 7f | | X |
| g | If the | e organization received a contribution of qualified intellectual property, did the organization file For | | 7g | | |
| h | | e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat | | 7h | | |
| 8 | | nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| | | nsoring organization have excess business holdings at any time during the year? | - | 8 | | |
| 9 | Spo | nsoring organizations maintaining donor advised funds. | | | | |
| а | Did | the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | | | | 9b | | |
| 10 | Sec | tion 501(c)(7) organizations. Enter: | | | | |
| а | Initia | ation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | | ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Sec | tion 501(c)(12) organizations. Enter: | | | | |
| а | Gros | ss income from members or shareholders | 11a | | | |
| | | ss income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | | punts due or received from them.) | 11b | | | |
| 12a | Sec | tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| | | es," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Sec | tion 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | ls th | e organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note | e: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Ente | er the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | orga | anization is licensed to issue qualified health plans | 13b | | | |
| с | | er the amount of reserves on hand | 13c | | | |
| 14a | | the event institution we are a second for indeed to a feature of the second second second second second second | | 14a | | Х |
| b | | es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | 14b | | |
| 15 | | e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | | |
| | | ess parachute payment(s) during the year? | | 15 | | x |
| | | es," see instructions and file Form 4720, Schedule N. | | | | |
| 16 | | e organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | х |
| | | res," complete Form 4720, Schedule O. | | | | |
| | | | | F | 990 | (0000 |

Form **990** (2020)

032005 12-23-20

| Form | 990 (2020) MONUMENT ACADEMY FOUNDATION | | 51-05068 | | | age 6 |
|------------------|---|-------------|--------------------|-----------|------------|--------------|
| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough 7b | below, and for a | a "No" re | espons | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 2 | | |
| | 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 0. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with any | v other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direct si | upervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 was fi | led? | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | х |
| 6 | Did the organization have members or stockholders? | | | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point one | e 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, st | ockholde | ers, or | | | |
| | persons other than the governing body? | | | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the fo | llowing: | | | |
| а | The governing body? | | | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | | х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | hed at th | ne | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Co | ode.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | x |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters, a | ffiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before f | iling the form? | 11a | Х | |
| 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 conflict | s? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," desc | cribe | | | |
| | in Schedule O how this was done | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by inde | pendent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with | а | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | • | icipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization's | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | id 990-T | (Section 501(c)(3 | 3)s only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict of i | nterest policy, ar | nd financ | cial | |
| | 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 boo | ks and re | ecords | | | |
| | MARC BROCKLEHURST - 719-481-1950 | | | | | |
| | 1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132 | | | _ | 000 | |
| 032006 | 5 12-23-20 7 | | | Form | 1 990 | (2020) |
| 105 | 06 131839 A214216 7 2020.06000 MONUMENT | አጣላተ | | דייענו | л Э | 110 |
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| Form 990 (2020) MONUMENT A | CADEMY FOUNDATION | 51-0506848 Page 7 |
|---|--|--|
| Part VII Compensation of Officers | , Directors, Trustees, Key Employees, Hi | ghest Compensated |
| Employees, and Independ | ent Contractors | |
| Check if Schedule O contains a re | sponse or note to any line in this Part VII | |
| Section A. Officers, Directors, Trustees, K | ey Employees, and Highest Compensated Employe | es |
| 1a Complete this table for all persons required | d to be listed. Report compensation for the calendar y | ear ending with or within the organization's tax year. |
| • List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no comp | cers, directors, trustees (whether individuals or organiz ensation was paid. | ations), regardless of amount of compensation. |
| List all of the organization's current key | employees, if any. See instructions for definition of "k | ey employee." |
| | st compensated employees (other than an officer, dire Box 7 of Form 1099-MISC) of more than \$100,000 fro | |
| List all of the organization's former offic reportable compensation from the organization | ers, key employees, and highest compensated emplo n and any related organizations. | /ees who received more than \$100,000 of |

• 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.

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

| (A) | (B) | | (C) Position | | (D) | (E) | (F) | | | |
|-----------------------|-----------------------|--------------------------------|---------------------------|------------------|------------------|---------------------------------|--------------|----------------------|------------------------------|-----------------------------|
| Name and title | Average | (do | not c | heck | more | than o | one | Reportable | Reportable | Estimated |
| | hours per week | box offi | , unle: cer ar | ss pei nd a d | rson i irecto | s both r/trus | n an tee) | compensation from | compensation from related | amount of other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | ee | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | rustee | In stit utio nal tru stee | | 66 | Highest compensated employee | | (W-2/1099-MISC) | | organization and related |
| | below | idual t | utiona | 5 | Key employee | est cor | er | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highe | Former | | | |
| (1) MARK MCWILLIAMS | 0.01 | | | | | | | | | |
| PRESIDENT | 1.00 | х | | x | | | K | 0. | 0. | 0. |
| (2) MELANIE STROP | 0.01 | | | | | | | | | |
| SECRETARY & TREASURER | 6.00 | х | | x | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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Form **990** (2020)

| | 990 (2020) MONUMENT ACAI | DEMY FOUNDA | TIO | N | | | | | | 51-050 |)684 | 8 | Р | age 8 |
|----------|---|------------------------|--------------------------------|---------------------------|------------------|--------------------|---------------------------------|-----------|----------------------------|---------------------------------|----------|-------------------|---|--------------|
| Par | VII Section A. Officers, Directors, Trus | | ploye | ees, | | | ghes | st C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average | | | (C Posi | C) ition | ı | | (D) Reportable | (E) Reportable | | Ec | (F) stimate | od |
| | Name and the | hours per | box, | , unle | heck i ss per | rson i | s both | n an | compensation | compensatior | ו ו | | nount | |
| | | week | | cer ar | nd a di | irecto | or/trus | tee) | from | from related | | | other | |
| | | (list any hours for | directo | | | | L. | | the organization | organizations (W-2/1099-MIS) | | | ipensa rom th | |
| | | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | (| -, | | anizat | |
| | | organizations below | ual trus | ional tr | | ployee | t comp | | | | | | d relat anizati | |
| | | line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | | orga | 11 IIZali | UIIS |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | • | | | | | | | | | | | |
| | Subtotal | | | | | | | ► | 0. | | 0. | | | 0. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. 0. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | ot limited to th | | | | ove |) wh | ► o re | | 000 of reportable | <u> </u> | | | <u> </u> |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | 7 | | | | | 1 | | Yes | No |
| 3 | Did the organization list any former officer, | | | | | - | | - | | • | | 0 | | x |
| 4 | line 1a? If "Yes," complete Schedule J for service on the service of the service | A | | | r | | | | | | | 3 | | |
| - | and related organizations greater than \$150 | | | | | | | | | | | 4 | | x |
| 5 | Did any person listed on line 1a receive or a | ccrue comper | isatio | on fr | rom | any | unre | elate | ed organization or individ | dual for services | | | | |
| Soc | rendered to the organization? If "Yes," com ion B. Independent Contractors | plete Schedule | e J fo | or si | ich r | oers | on . | | | | | 5 | · | X |
| 1 | Complete this table for your five highest co | mpensated inc | lene | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100 000 of comp | ensat | ion fro | | |
| <u> </u> | the organization. Report compensation for | | | | | | | | | | Jilout | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (A) Name and business | address | NOI | NE | | | | | (B) Description of s | ervices | С | ((ompe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | • | ot lin | nited | d to f | | | ted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | (| 0 | | | | | | | |

Form **990** (2020)

032008 12-23-20

| | | | 2020) MONUMENT ACADEMY | Y FOU | JNDATION | | | 51-050684 | 8 Page 9 |
|---|--------|--------|---|----------|--------------------|------------------------------|--|---|---|
| Pa | rt V | 111 | Statement of Revenue | | | | | | |
| | | | Check if Schedule O contains a respo | onse c | or note to any lin | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ស ស | 1 | a | Federated campaigns 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues 1b | | | | | | |
| کی ص | | с | Fundraising events 1c | | | | | | |
| ar / | | | Related organizations 1d | | | | | | |
| ini) S | | е | Government grants (contributions) 1e | | | | | | |
| er S | | f | All other contributions, gifts, grants, and | | | | | | |
| -ibu | | | similar amounts not included above 1f | | | | | | |
| ontio | | - | Noncash contributions included in lines 1a-1f | | > | | _ | | |
| 0 0 | | n | Total. Add lines 1a-1f | | Business Code | | | | |
| | 2 | ~ | | | Busilless Coue | | | | |
| vice | 2 | a b | | | | | | | |
| Ser | | c | | | | | | | |
| am | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| д | | f | All other program service revenue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including dividends, in | | | 4 000 | | | 4 0 8 0 |
| | | | other similar amounts) | | | 4,989. | | | 4,989. |
| | 4 5 | | Income from investment of tax-exempt bo | - | | | | | |
| | 5 | | Royalties | ı | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | (.) | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | d | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of (i) Securit | ties | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| venue | | | and sales expenses | | | | | | |
| | | | Gain or (loss) 7c | | | | | | |
| يد R | | | Net gain or (loss) Gross income from fundraising events (not | | ····· | | | | |
| Other Re | 0 | u | including \$ of contributions reported on line 1c). See | | | | | | |
| | | Ŀ. | Part IV, line 18 | 8a 8b | | | | | |
| | | | Less: direct expenses | | ► | | | | |
| | 9 | | Gross income from gaming activities. See | | | | | | |
| | | - | Part IV, line 19 | | | | | | |
| | | b | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming activities | | ► | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | | |
| | | | and allowances | | | | | | |
| | | | Less: cost of goods sold | | | | | | |
| | | С | Net income or (loss) from sales of inventor | ory | | | | | |
| sn | | ~ | | | Business Code | | | | |
| Jeol | 11 | a b | | | | | | | |
| ellar ven | | с С | | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 4,989. | 0. | 0. | 4,989. |
| 03200 | 9 12-2 | 23-: | | | | | | | Form 990 (2020) |

| Form 990 (2 | 2020) | MONUMENT | ACADEMY | FOU |
|-------------|-----------|---------------|---------|-----|
| Part IX | Statement | of Functional | Expense | es |

MONUMENT ACADEMY FOUNDATION

51-0506848 Page 10

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------------|--|-----------------------|------------------------|-----------------------|--------------------|
| 7b, - | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 0 | Payroll taxes | | | | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 4 | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 391. | 391. | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | | | | |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 560,090. | 560,090. | | |
| 7 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,451,438. | 1,451,438. | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 543,306. | 543,306. | | |
| 3 | Insurance | | | | |
| 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 0.) | | | | |
| а | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 2,555,225. | 2,555,225. | 0. | |
| <u>.5</u> 6 | Joint costs. Complete this line only if the organization | _,000,220, | _,,20, | | |
| 0 | reported in column (B) joint costs from a combined | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. | | | | |

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Form 990 (2020)

| Form 990 (| | |
|------------|---------|-------|
| Part X | Balance | Sheet |

MONUMENT ACADEMY FOUNDATION

| Par | | Balance Sneet | | | | | |
|-----------------------------|-----|--|-----------------|------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or r | ote to any lin | e in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,758. | 1 | 1,760 |
| | 2 | Savings and temporary cash investments | | | 9,190,676. | 2 | 1,902,101 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | ostantial conti | ributor, or 35% | | | |
| | | controlled entity or family member of any of th | lese persons | | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified person | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in section | 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | ~ |
| As | 9 | D | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | . 10a | 23,278,884. | | | |
| | b | Less: accumulated depreciation | 10b | 543,306. | 20,285,164. | 10c | 22,735,578 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lir | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 29,477,598. | 16 | 24,639,439 |
| | 17 | Accounts payable and accrued expenses | | | 1,557,020. | 17 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 28,950,000. | 20 | 28,950,000 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| ø | 22 | Loans and other payables to any current or fo | rmer officer, o | director, | | | |
| Liabilities | | trustee, key employee, creator or founder, sul | ostantial contr | ributor, or 35% | | | |
| api | | controlled entity or family member of any of th | lese persons | | | 22 | |
| Ĩ | 23 | Secured mortgages and notes payable to unr | elated third pa | arties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ted third parti | es | 730,903. | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables to re | elated third | | | |
| | | parties, and other liabilities not included on lin | es 17-24). Co | omplete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 31,237,923. | 26 | 28,950,000 |
| | | Organizations that follow FASB ASC 958, c | heck here 🕨 | | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| ano | 27 | Net assets without donor restrictions | | | | 27 | |
| Da | 28 | Net assets with donor restrictions | | | | 28 | |
| | | Organizations that do not follow FASB ASC | | | | | |
| 2 | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fund | ls | | -8,663,078. | 29 | -6,212,662 |
| Set | 30 | Paid-in or capital surplus, or land, building, or | | | 3,558,314. | 30 | 6,485 |
| As | 31 | Retained earnings, endowment, accumulated | | | 3,344,439. | 31 | 1,895,616 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | Г | -1,760,325. | 32 | -4,310,561 |
| | 33 | Total liabilities and net assets/fund balances | | | 29,477,598. | 33 | 24,639,439 |
| | | | | | | | Form 990 (202 |

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| Form | 1990 (2020) MONUMENT ACADEMY FOUNDATION | 51 | -0506848 | | Pa | _{ge} 12 |
|------|--|---------|----------|-----------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 989. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 225. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -2,550,23 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | -1, | 760, | 325. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | | -4, | 310, | 561. |
| Pa | rt XII Financial Statements and Reporting |) | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | ····· | | |
| | | | Г | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Control Cont | - | - 1 | | | |
| - | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | ····· - | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | v | |
| b | Were the organization's financial statements audited by an independent accountant? | | ····· - | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| _ | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | 2c | х | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | ZC | | |
| 20 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| Ja | Act and OMB Circular A-133? | - | | 3a | | x |
| h | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | Ja | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | | 990 | (2020) |
| | | | | | | () |

| SCHEDUL | E A. |
|---------|------|
|---------|------|

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-FZ

| OMB No. 1545-0047 |
|-------------------|
| 2020 |
| Open to Public |

| | | of the Treasury nue Service | | | Attach to Form 990 or F v/Form990 for instruction | | | nformation. | | Open to P Inspecti | |
|-------------------------|-------|---|--|---|---|--|--|------------------|--------------|-----------------------------------|--------|
| Nan | ne of | the organizati | | Ŭ | | | | | Employer | identification | number |
| | | | MONUME | NT ACADEMY FOUN | IDATION | | | | | 51-0506848 | |
| Pa | rt I | Reason | for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | |
| The 1 2 3 4 | orgar | hization is not a A church, cou A school des A hospital or | a private found nvention of chu cribed in secti a cooperative search organize | ation because it is: (urches, or associatio i on 170(b)(1)(A)(ii). (hospital service orga | For lines 1 through 12, cl on of churches described (Attach Schedule E (Form anization described in se njunction with a hospital | heck only I in sectio n 990 or 99 ection 170 | one box.) on 170(b)(1 90-EZ).) 0 (b)(1)(A)(ii | I)(A)(i). i). | | the hospital's r | iame, |
| 5 | | An organizati | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 7 | | | - | - | nental unit described in a nitial part of its support fr | | | | e general r | oublic describe | d in |
| ' | | - | | omplete Part II.) | Intial part of its support if | on a gove | | | ie general p | | |
| 8 | | - | | | (1)(A)(vi). (Complete Par | + II) | | | | | |
| 9 | F | - | | | in section 170(b)(1)(A)(| - | ed in coniu | inction with a | land-grant | college | |
| - | | - | - | | ulture (see instructions). | | | | - | - | |
| 10 | | An organizati activities rela income and u | ted to its exem unrelated busir | npt functions, subjec | than 33 1/3% of its supp at to certain exceptions; a (less section 511 tax) fro | and (2) no | more than | 33 1/3% of its | s support fi | rom gross inves | stment |
| 11 | | | | | ively to test for public sat | fetv. See | section 50 |)9(a)(4). | | | |
| 12 | X | An organizati | on organized a | and operated exclus | ively for the benefit of, to ad in section 509(a)(1) o | perform t | he functior | ns of, or to ca | | | |
| | | lines 12a thro | ough 12d that o | describes the type o | f supporting organization | and com | plete lines | 12e, 12f, and | 12g. | | |
| а | X | _ , | | | upervised, or controlled gularly appoint or elect a | • • • • | - | | | | |
| | | organizatio | n. You must c | omplete Part IV, Se | ections A and B. | | | | | | |
| b | | Type II. A s | supporting orga | anization supervised | l or controlled in connect | tion with it | s supporte | d organizatio | n(s), by hav | ving | |
| | | control or r | nanagement o | f the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported | |
| | _ | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | _ Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, | |
| | _ | its support | ed organizatior | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | | |
| d | | _ Type III no | n-functionally | integrated. A supp | porting organization oper | ated in co | nnection w | ith its suppor | ted organiz | zation(s) | |
| | | that is not f | functionally into | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | /eness | |
| | _ | - · | | | nplete Part IV, Sections | | | | | | |
| е | | | 0 | | written determination from | | | Туре I, Туре | I, Type III | | |
| | | functionally | / integrated, or | Type III non-functio | nally integrated supporting | ng organiz | ation. | | | | |
| f | | er the number | •• | • | | | | | | | 1 |
| g | | vide the follow (i) Name of supp | | about the supporte (ii) EIN | ed organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monoton | (vii) Amount o | fathar |
| | | organizatior | | | (described on lines 1-10 above (see instructions)) | in your governi Yes | ng document? No | support (see ir | | (vi) Amount o support (see ins | |
| | | | | | | | | | | | |
| MON | UMEN | T ACADEMY | | 27-0014128 | 2 | x | | 2, | 555,225. | | 0. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | al | | | | | | | 2, | 555,225. | | Ο. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

2020.06000 MONUMENT ACADEMY FOUNDATI A2142161

Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY FOUNDATION

Part II 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 | ction A. Public Support | | | | | | |
|-------------|--|---------------------------|-----------------------|--------------------------|---------------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 🗌 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | r | | | |
| | or loss from the sale of capital | 4 | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Public | : Support Per | centage | | | | |
| 14 | Public support percentage for 2020 (lin | ne 6, column (f), c | livided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2019 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16 a | 33 1/3% support test - 2020. If the o | rganization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies a | as a publicly supp | orted organization | | | | ▶∟ |
| b | 33 1/3% support test - 2019. If the o | rganization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization quali | fies as a publicly s | supported organiz | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances test | - 2020. If the orç | ganization did not o | check a box on lin | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the facts | -and-circumstanc | es test, check this | box and stop he | ere. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances tes | st. The organizatio | on qualifies as a pu | blicly supported o | organization | | |
| b | 10% -facts-and-circumstances test | - 2019. If the orc | ganization did not o | check a box on lin | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e facts-and-circur | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | mstances test. Th | ne organization qu | alifies as a publicly | / supported organiz | zation | |
| 18 | Private foundation. If the organization | <u>ı did not check a</u> | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | nd see instructions | s ► |
| | | | | | Sche | edule A (Form 990 |) or 990-EZ) 2020 |

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Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY FOUNDATION

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

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

| Sec | tion A. Public Support | | | | | | |
|-----------|--|-----------------------------|-----------------------|---------------------|----------|----------|------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | - |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4 | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | <u> </u> | <u> </u> |
| 14 | First 5 years. If the Form 990 is for th | - | | | | | |
| <u>So</u> | check this box and stop here | c Support Por | contago | | | <u></u> | |
| | Public support percentage for 2020 (I | | | olump (f)) | | 15 | % |
| | Public support percentage from 2019 | | • | | | 16 | % |
| | tion D. Computation of Inves | | | | | | /0 |
| 17 | Investment income percentage for 20 |)20 (line 10c, colun | nn (f), divided by li | | | 17 | % |
| | Investment income percentage from | | | | | | % |
| 19a | 33 1/3% support tests - 2020. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2019. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | п аю пот спеск а | box on line 14, 192 | a, UL IBD, CHECK TH | | | ► 0 or 990-EZ) 2020 |
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3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? "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.)

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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

V. N

Yes No

Yes No

| | | Yes | No |
|--|-----|-----|----|
| Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a 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 | | X |
| b A family member of a person described in line 11a above? | 11b | | X |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| detail in Part VI. | 11c | | х |

| | | | 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? <i>If</i> "No," <i>describe in</i> 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 | Х | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | Х |
| Sec | tion C. Type II Supporting Organizations | | | |

| 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 | |
| | | 4 |

the supported organization(s). Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | 1 |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | 1 |
| | 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 | | | 1 |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the | e or | anization | used | to satisfv | the Integral Part | Test durii | na the vear | (see instructions). |
|---|---|------|-----------|------|------------|-------------------|------------|-------------|---------------------|
| - | | | gamzation | uscu | to satisty | | 1031 00111 | ig the year | (|

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| c 🗌 | | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental entit | v (see instruction <u>s)</u> |). |
|-----|--|---|-------------------------|------------------------------------|------------------------------|----|
|-----|--|---|-------------------------|------------------------------------|------------------------------|----|

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.06000 MONUMENT ACADEMY FOUNDATI A2142161

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| art V | Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
|---------------|---|--------------|-----------------------|--------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying t | | | Part VI). See instruction |
| | All other Type III non-functionally integrated supporting organizations must co | omplete I | Sections A through E. | |
| ection A | - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net | short-term capital gain | 1 | | |
| 2 Rec | overies of prior-year distributions | 2 | | |
| 3 Othe | er gross income (see instructions) | 3 | | |
| 4 Add | l lines 1 through 3. | 4 | | |
| 5 Dep | reciation and depletion | 5 | | |
| 6 Port | tion of operating expenses paid or incurred for production or | | | |
| colle | ection of gross income or for management, conservation, or | | | |
| mair | ntenance of property held for production of income (see instructions) | 6 | | |
| 7 Othe | er expenses (see instructions) | 7 | | |
| 3 Adju | usted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | * |
| ection B | - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Agg | regate fair market value of all non-exempt-use assets (see | | | |
| | ructions for short tax year or assets held for part of year): | | | |
| a Ave | rage monthly value of securities | 1a | | |
| b Ave | rage monthly cash balances | 1b | | |
| c Fair | market value of other non-exempt-use assets | 1c | | |
| d Tota | al (add lines 1a, 1b, and 1c) | 1d | | |
| e Disc | count claimed for blockage or other factors | | | |
| | lain in detail in Part VI): | | | |
| | uisition indebtedness applicable to non-exempt-use assets | 2 | | |
| | tract line 2 from line 1d. | 3 | | |
| 1 Cas | h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see | instructions). | 4 | | |
| 5 Net | value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Mult | tiply line 5 by 0.035. | 6 | | |
| 7 Rec | overies of prior-year distributions | 7 | | |
| B Mini | imum Asset Amount (add line 7 to line 6) | 8 | | |
| ection C | c - Distributable Amount | | | Current Year |
| 1 Adju | usted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Ente | er 0.85 of line 1. | 2 | | |
| | imum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | er greater of line 2 or line 3. | 4 | | |
| 5 Inco | ome tax imposed in prior year | 5 | | |
| | tributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | ergency temporary reduction (see instructions). | 6 | | |

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

| Schedule A | (Form 990 or 990-EZ) 2020 | MONUMENT | ACADEMY | FOUNDATION |
|------------|---------------------------|----------|---------|------------|
| | | | | |

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations _{(continued} | 1) | |
|--------------|--|-----------------------------------|--|-----|------------------------------------|
| Secti | on D - Distributions | | | Cur | rent Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which th | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 1 | 0 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | | (iii) ributable int for 2020 |
| _1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able 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 | | | | |
| | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| _ <u>i</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | _ | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | _ | |
| 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 Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Schedule A | Form 990 or 990-EZ) 2020 MONUMENT ACADEMY FOUNDATION | 51-0506848 | Page 8 |
|---------------|---|---|-----------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad | nes 1 and 2; Part IV, Sectic Part V, Section B, line 1e; P | on C, |
| | (See instructions.) | | |
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Schedule A (Form 990 or 990-EZ) 2020 MONUMENT ACADEMY FOUNDATION

51 - 0506848

| SCHE | DU | LE | D |
|------|----|----|---|
|------|----|----|---|

Department of the Treasury

Internal Revenue Service

| (Form 9 | 90) |
|---------|-----|
|---------|-----|

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.



| Nam | e of the organization MONUMENT ACADEMY FOUNDATION | | Em | ployer identification 51-0506848 | |
|--------|---|--|----------------|--|-----------------------|
| Par | | LEunds or Other Similar Funds o | | | |
| ı aı | | | | I.S. Complete II tr | le |
| | organization answered "Yes" on Form 990, Part IV, line | (a) Donor advised funds | (b) Fur | nds and other accou | inte |
| | Tatal mumber at and after an | | (6) 1 01 | | |
| 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 | | 1 Consta | | |
| 5 | Did the organization inform all donors and donor advisors in w | 0 | | | |
| • | are the organization's property, subject to the organization's e | | | Yes | └── No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | |
| Par | Impermissible private benefit? t II Conservation Easements. Complete if the org | enization answered "Ves" on Form 000 De | | Yes | No No |
| | | | irt IV, line 7 | <u>. </u> | |
| 1 | Purpose(s) of conservation easements held by the organization | | | . Second and the set of the second | |
| | Preservation of land for public use (for example, recreat | | | important land area | 1 |
| | Protection of natural habitat | Preservation of a | certified hi | storic structure | |
| - | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form of | a conserva | | |
| | day of the tax year. | | | Held at the End of th | e lax year |
| a | | | | | |
| b | | | | <u> </u> | |
| C. | Number of conservation easements on a certified historic stru | | | <u> </u> | |
| d | Number of conservation easements included in (c) acquired a | | | | |
| - | listed in the National Register | | <u>2d</u> | <u> </u> | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the o | rganization | during the tax | |
| | year ▶ | | | | |
| 4 | Number of states where property subject to conservation eas | | | | |
| 5 | Does the organization have a written policy regarding the peri | | | | |
| • | violations, and enforcement of the conservation easements it | | | Yes | └── No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violations, and enforcing consel | vation ease | ements during the ye | ear |
| - | | · · · · · · · · · · · · · · · · · · · | | 4 | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conservation | n easemen | its during the year | |
| • | | a stisfy the user increases of section 170(b) | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | ∑ Vas | |
| • | and section 170(h)(4)(B)(ii)? | | | | └── No |
| 9 | In Part XIII, describe how the organization reports conservation | | | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial statemen | ts that desc | cribes the | |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Treasures or Oth | er Simila | r Assets | |
| 1 41 | Complete if the organization answered "Yes" on Form | | | 1 /100010. | |
| | | | | | |
| Ia | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | of art, historical treasures, or other similar assets held for pub | | | public | |
| | service, provide in Part XIII the text of the footnote to its finan | | | t | |
| D | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in further | rance of pu | DIIC Service, | |
| | provide the following amounts relating to these items: | | • | • | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • | \$ | |
| ~ | | nurse, or other similar essets for financial a | | | |
| 2 | If the organization received or held works of art, historical treating the following amounts required to be reported under FASE A | | an, provide | 3 | |
| - | the following amounts required to be reported under FASB AS | - | ▶ | ¢ | |
| a h | Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | | for Form 990 | ····· P | • | 000\ 0000 |
| | For Paperwork Reduction Act Notice, see the Instructions | 101 FUIII 330. | | Schedule D (Form | 33 0) 2020 |
| 032051 | 12-01-20 | 22 | | | |

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2020.06000 MONUMENT ACADEMY FOUNDATI A2142161

| Sche | | CADEMY FOUNDATIO | | | | | | 51-050 | | Pa | age 2 |
|------------|--|-------------------------------------|-----------------|-------------|-----------------------|-------------------|---------------------------|--------------|-----------------|---------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Ar | t, Histori | cal Tre | easures, or | [·] Othe | r Simila | r Assets | (contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check an | y of the f | following that | make s | ignificant ι | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | I 🔄 Loa | an or exc | hange progra | ım | | | | | |
| b | Scholarly research | e | Oth Oth | ner | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | how they | further th | ne organizatio | n's exe | mpt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, histor | rical treas | sures, or othe | r simila | r assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai | | ete if the or | ganizatio | n answered " | Yes" or | n Form 990 | , Part IV, I | ine 9, or | | |
| 1a | Is the organization an agent, trustee, custodi | | iarv for con | tribution | s or other ass | ets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | 5 | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | . 1f | | | | |
| 2a | Did the organization include an amount on F | | | | | unt liabi | lity? | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation h | as been | provided on F | Part XIII | <u></u> | | | |] |
| Pa | t V Endowment Funds. Complete i | if the organization an | swered "Ye | es" on Fo | orm 990, Part | IV, line | 10. | | | | |
| | | (a) Current year | (b) Prior | r year | (c) Two year | s back | (d) Three y | ears back | (e) Four | years | back |
| 1 a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | × | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1g, c | olumn (a) |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ition that ar | e held ar | nd administer | ed for th | ne organiza | ation | r | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as requir | ed on Sche | dule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fund | ls. | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, lir | ne 11a. S | See Form 990 | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | . , | t or other (other) | • • • | Accumulate epreciation | ed | (d) Boo | k value | ÷ |
| 1a | Land | | | 1 | ,546,660. | | | | 1, | 546, | 660. |
| b | Buildings | | | 21 | ,732,224. | | 543, | 306. | 21, | 188, | 918. |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| е | Other | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, column (| B), line 1 | 0c.) | | | | 22, | 735, | 578. |

Schedule D (Form 990) 2020

032052 12-01-20

| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" | on Form 990 Part IV line | 11b See Form 990 Part X line 12 | |
|-----------------------|--|---------------------------------------|---|------------------------|
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| ., | | (| | |
| | al derivatives held equity interests | | | |
| 3) Other | | | | |
| , (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-ot-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| <u>(8)</u> (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990. Part X. line 15. | |
| | | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | · · · · · · · · · · · · · · · · · · · | | |
| otal. (Colu Part X | umn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. | e 1 <u>5.)</u> | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 5 |
| l . | (a) Description of liability | | | (b) Book value |
| (1) Fec | leral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) lin | | > | |
| . Liability | for uncertain tax positions. In Part XIII, provide | e the text of the footnote to | the organization's financial statements t | hat reports the |
| organiz | ation's liability for uncertain tax positions under | FASB ASC 740. Check he | ere if the text of the footnote has been pr | ovided in Part XIII |

032053 12-01-20

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 MONUMENT ACADEMY FOUNDATION | | 51-050 |)6848 Page 4 |
|---|-------------------------------|---------------------|---------------------|
| Part XI Reconciliation of Revenue per Audited Financial | Statements With Re | venue per Return. | |
| Complete if the organization answered "Yes" on Form 990, Part | : IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statement | ts | | 4,989. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | | | |
| b Donated services and use of facilities | | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | _ |
| e Add lines 2a through 2d | | | 0. |
| 3 Subtract line 2e from line 1 | | | 4,989. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| | <u>4a</u> | | |
| b Other (Describe in Part XIII.) | 4b | | _ |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lines 4 and | | | 4,989. |
| Part XII Reconciliation of Expenses per Audited Financia | | kpenses per Return. | |
| Complete if the organization answered "Yes" on Form 990, Part | | | |
| 1 Total expenses and losses per audited financial statements | | 1 | 5,005,639. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | | | |
| b Prior year adjustments | | | |
| c Other losses | | | |
| d Other (Describe in Part XIII.) | 2d | 2,993,720. | |
| e Add lines 2a through 2d | | | 2,993,720. |
| 3 Subtract line 2e from line 1 | | | 2,011,919. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b Other (Describe in Part XIII.) | 4b | 543,306. | |
| c Add lines 4a and 4b | | | 543,306. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. | line 18.) | | 2,555,225. |
| Part XIII Supplemental Information. | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | | | ne 2; Part XI, |
| ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | vide any additional informati | on. | |
| | | | |
| | | | |
| | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| | | | |
| CAPITAL OUTLAY | 2,993,720. | | |
| | | | |
| | | | |
| | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | |
| | 542 200 | | |
| DEPRECIATION EXPENSE | 543,306. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| B Image: Constraint of December 2014 C Image: Constraint of December 2014 D Image: Constraint of December 2014 Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds retired 3 Total proceeds of issue 3 Total proceeds in reserve funds 909,625. Image: Constraint of December 2014 6 Proceeds in reserve funds 9 Yorking capital expenditures from proceeds 6 Proceeds 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds | (Form Departme | HEDULE K Supplemental Information on Tax-Exempt Bonds rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. nal Revenue Service Attach to Form 990. | | | | | | | | | | C | 20 Open t | No. 1545-0047 2020 n to Public ection | | | |
|---|-------------------|--|---------------------------|------------------------|-------------|----------------|------------|----------|--------------|----------------|---------------|---------|--------------|--|----|----------|--|
| Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Deteased (h) On behall (f) On behall (f | Name | of the organizati | ion | | | | | | | | | | | r identification number | | | |
| (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue price (f) Description of purpose (g) Detested (h) On behalf | | | MONUMENT ACADE | MY FOUNDATION | | | | | | | | 51-05 | 50684 | В | | | |
| A PUBLIC FINANCE AUTHORITY 27-3866124 74442EEK2 07/09/19 28,725,000. SCHOOL CONSTRUCTION OF HIGH X | Part I | Bond Issue | es | | | 1 | | | 1 | | | | | | | | |
| A PUBLIC FINANCE AUTHORITY 27-3866124 74442EEK2 07/09/19 28,725,000. SCHOOL X< | | (a) la | ssuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issue | d (e) Issu | ie price | (f) Descript | ion of purpose | (g) De | efeased | | | | | |
| A PUBLIC FINANCE AUTHORITY 27-3866124 74442EEK2 07/09/19 28,725,000. SCHOOL X | | | | | | | | | | | | | | | | <u> </u> | |
| A PUBLIC FINANCE AUTHORITY 27-3866124 74442EEK2 07/09/19 28,725,000. SCHOOL X X X X B | | | | | | | | | | Yes | No | Yes | No | Yes | No | | |
| B Image: Constraint of December 2014 C Image: Constraint of December 2014 D Image: Constraint of December 2014 Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds retired 3 Total proceeds of issue 3 Total proceeds in reserve funds 909,625. Image: Constraint of December 2014 6 Proceeds in reserve funds 9 Yorking capital expenditures from proceeds 6 Proceeds 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds | | | | 05.0000104 | | 07/00/10 | | | | N OF HIGH | | | | | | | |
| C D Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds 12 Other unspent proceeds | A PU | BLIC FINANCE | S AUTHORITY | 27-3866124 | 74442EEK2 | 07/09/19 | 28,7 | 25,000. | SCHOOL | | | X | | X | | X | |
| C D Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds 12 Other unspent proceeds | _ | | | | | | | | | | | | | | | | |
| D Part II Proceeds 1 Amount of bonds retired A B C D 2 Amount of bonds retired 28,725,000. Image: Control of bonds legally defeased Image: Control of bonds le | <u> </u> | | | | | | | | | | | | | | | <u> </u> | |
| D Part II Proceeds 1 Amount of bonds retired A B C D 2 Amount of bonds retired 28,725,000. Image: Control of bonds legally defeased Image: Control of bonds le | ~ | | | | | | | | | | | | | | | | |
| Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other unspent proceeds 12 Other unspent proceeds | <u> </u> | | | | | | | | | | | | | | | | |
| Part II Proceeds 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds 7 Issuance costs from proceeds 9 Working capital expenditures from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other unspent proceeds 12 Other unspent proceeds | р | | | | | | | | | | | | | | | | |
| A B C D 1 Amount of bonds retired 0 0 2 Amount of bonds legally defeased 0 0 3 Total proceeds of issue 28,725,000. 0 4 Gross proceeds in reserve funds 909,625. 0 5 Capitalized interest from proceeds 0 0 6 Proceeds in refunding escrows 570,140. 0 7 Issuance costs from proceeds 570,140. 0 8 Credit enhancement from proceeds 0 0 9 Working capital expenditures from proceeds 27,245,235. 0 10 Capital expenditures from proceeds 0 0 11 Other unspent proceeds 0 0 12 Other unspent proceeds 0 0 | | II Proceeds | | | | | | | | | | 1 | 1 | | | L | |
| 1 Amount of bonds retired | | | | | | | Α | | В | С | | | | D | | | |
| 2 Amount of bonds legally defeased 28,725,000. 3 Total proceeds of issue 28,725,000. 4 Gross proceeds in reserve funds 909,625. 5 Capitalized interest from proceeds 6 6 Proceeds in refunding escrows 570,140. 7 Issuance costs from proceeds 570,140. 8 Credit enhancement from proceeds 27,245,235. 9 Working capital expenditures from proceeds 27,245,235. 10 Capital expenditures from proceeds 27,245,235. 11 Other unspent proceeds 10 12 Other unspent proceeds 10 | 1 / | Amount of bonds | s retired | | | | | | _ | | | | | | | | |
| 3 Total proceeds of issue 28,725,000. 4 Gross proceeds in reserve funds 909,625. 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 570,140. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 27,245,235. 11 Other spent proceeds 12 Other unspent proceeds | | | | | | | | | | | | | | | | | |
| 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds | 3 T | Total proceeds o | | | | | 8,725,000. | | | | | | | | | | |
| 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 570,140. 8 Credit enhancement from proceeds <td< td=""><td>4 (</td><td>Gross proceeds</td><td>in reserve funds</td><td></td><td></td><td></td><td>909,625.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | 4 (| Gross proceeds | in reserve funds | | | | 909,625. | | | | | | | | | | |
| 7 Issuance costs from proceeds 570,140. 8 Credit enhancement from proceeds 9 9 Working capital expenditures from proceeds 27,245,235. 10 Capital expenditures from proceeds 27,245,235. 11 Other spent proceeds 11 12 Other unspent proceeds 11 | | | | | | | | | | | | | | | | | |
| 8 Credit enhancement from proceeds 9 9 Working capital expenditures from proceeds 27,245,235. 10 Capital expenditures from proceeds 27,245,235. 11 Other spent proceeds 10 12 Other unspent proceeds 10 | 6 F | Proceeds in refu | nding escrows | | | | | | | | | | | | | | |
| 9 Working capital expenditures from proceeds 27,245,235. 10 Capital expenditures from proceeds 27,245,235. 11 Other spent proceeds 10 12 Other unspent proceeds 10 | 7 k | lssuance costs fr | rom proceeds | | | | 570,140. | | | | | | | | | | |
| 10 Capital expenditures from proceeds 27,245,235. 11 Other spent proceeds 11 12 Other unspent proceeds 11 | 8 (| Credit enhancem | nent from proceeds | | | | | | | | | | | | | | |
| 11 Other spent proceeds 12 Other unspent proceeds | 9 V | Working capital e | expenditures from proceed | ls | | | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | 2 | 7,245,235. | | | | | | | | | | |
| | <u>11</u> (| Other spent proc | ceeds | | | | | | | | | | | | | | |
| 13 Vear of substantial completion | | | | | | | | | | | | | | | | | |
| | <u>13</u> | Year of substant | ial completion | | | | | | | | | | | | | | |
| Yes No Yes No Yes No Yes No | | | | | | Yes | No | Yes | No | Yes | No | _ | Yes | | No | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, | | | • | • | | | v | | | | | | | | | | |
| if issued prior to 2018, a current refunding issue)? X | | | | | | | X | | | ┼──┼─ | | | | _ | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | | - | - | | | v | | | | | | | | | | |
| | | | | | | | A | | | <u>├</u> | | | | _ | | | |
| | - | | | | innart tha | ^ | | | | + | | - | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? X | | 0 | • | OUNS AND RECORDS TO SL | ipport the | x | | | | | | | | | | | |

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 MONUMENT ACADEMY FOUNDATION

| | 51- | 0 | 5 | 0 | 6 | 8 | 4 | 8 | |
|--|-----|---|---|---|---|---|---|---|--|
|--|-----|---|---|---|---|---|---|---|--|

Page 2

| | | | | | | | | | ιaς |
|-------------|--|-----|----------|-----|----------|----------|----|-----|----------|
| Part II | II Private Business Use | | | | | | | | |
| | | - | A | | B | | | |) |
| | Vas the organization a partner in a partnership, or a member of an LLC, | Yes | No X | Yes | No | Yes | No | Yes | No |
| | vhich owned property financed by tax-exempt bonds? | | Δ | | | | | | |
| | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | X | | | | | | |
| | Are there any management or service contracts that may result in private | | | | | | | | |
| | ousiness use of bond-financed property? | | X | | | | | | |
| b If | f "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| C | counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| сA | are there any research agreements that may result in private business use of | | | | | | | | |
| b | ond-financed property? | | х | | | · | | | |
| | f "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | |
| 0 | outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 E | Inter the percentage of financed property used in a private business use by entities | | | | | | | | |
| 0 | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | |
| | Inter the percentage of financed property used in a private business use as a | | | | | | | | |
| | esult of unrelated trade or business activity carried on by your organization, | | | | | | | | |
| | nother section 501(c)(3) organization, or a state or local government | | % | | % | | % | | |
| | Total of lines 4 and 5 | | % | | % | | % | | |
| | Does the bond issue meet the private security or payment test? | | X | | /0 | | 70 | | |
| | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | overnmental person other than a 501(c)(3) organization since the bonds were issued? | | x | | | | | | |
| | | | | | | | | | L |
| | f "Yes" to line 8a, enter the percentage of bond-financed property sold or | | 0/ | | % | | 07 | | |
| | | | % | | <u>%</u> | | % | | 1 |
| | f "Yes" to line 8a, was any remedial action taken pursuant to Regulations | ĺ | | | | | | | |
| | ections 1.141-12 and 1.145-2? | | | | | | | | |
| | las the organization established written procedures to ensure that all | | | | | | | | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | equirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |
| Part IV | V Arbitrage | | | | | | | | |
| | | | <u> </u> | | B | <u> </u> | ; | [| 2 |
| 1 H | las the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| P | Penalty in Lieu of Arbitrage Rebate? | | Х | | | | | | |
| 2 If | f "No" to line 1, did the following apply? | | | | | | | | |
| a R | Rebate not due yet? | Х | | | | | | | |
| bΕ | Exception to rebate? | | Х | | | | | | |
| | No rebate due? | | Х | | | | | | |
| | f "Yes" to line 2c, provide in Part VI the date the rebate computation was | | - | | - | | | | |
| | performed | | | | | | | | |
| | s the bond issue a variable rate issue? | | x | | | | | | |

Х hedge with respect to the bond issue? **b** Name of provider c Term of hedge . **d** Was the hedge superintegrated? e Was the hedge terminated? Х 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the requirements of section 148? Х Part V Procedures To Undertake Corrective Action В С Α Has the organization established written procedures to ensure that violations Yes No Yes No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Х Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K (Form 990) 2020 MONUMENT ACADEMY FOUNDATION

4a Has the organization or the governmental issuer entered into a qualified

Part IV Arbitrage (continued)

51-0506848

No

С

No

Yes

В

Yes

Α

No

Yes

Schedule K (Form 990) 2020

Page 3

No

D

D

No

Yes

Yes

| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on |)-EZ | OMB No. 1545-0047 |
|---|---|---------------|-------------------------------------|
| Department of the Treasury | Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. | | Open to Public |
| Internal Revenue Service Name of the organizatio | Go to www.irs.gov/Form990 for the latest information. | | Inspection identification number |
| | MONUMENT ACADEMY FOUNDATION | 51-0 | 506848 |
| FORM 990, PART III | , LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | |
| FOR MONUMENT ACADE | MY D/B/A MONUMENT ACADEMY SECONDARY SCHOOL ("CHARTER | | |
| SCHOOL"), A NON-PR | OFIT, PUBLIC CHARTER SCHOOL IN THE STATE OF COLORADO, | | |
| AND TO OTHERWISE F | ROVIDE A PUBLIC BUILDING, FACILITIES, AND EQUIPMENT | | |
| TO THE CHARTER SCH | 00L. | | |
| | | | |
| FORM 990, PART VI, | SECTION A, LINE 8B: | | |
| THE ORGANIZATION H | AD NO COMMITTEES. | | |
| | | | |
| FORM 990, PART VI, | SECTION B, LINE 11B: | | |
| THE FORM 990 IS PR | EPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED | | |
| ON INFORMATION PRO | VIDED BY THE MANAGEMENT. ONCE A DRAFT OF THE FILING IS | | |
| AVAILABLE, COPIES | OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR | | |
| REVIEW VIA EMAIL, | PRIOR TO FILING. | | |
| | | | |
| FORM 990, PART VI, | SECTION B, LINE 12C: | | |
| THE BYLAWS STATE I | HAT ANY RESPONSIBLE PERSON SHALL IMMEDIATELY INFORM THE | | |
| BOARD OF ANY POTEN | TIAL CONFLICTS OF INTEREST. THE BOARD THEN HAS THE RIGHT | | |
| TO APPROVE OR DENY | THE TRANSACTION. IF THE CONFLICT OF INTEREST INVOLVED A | | |
| BOARD MEMBER THE F | INANCE TEAM AND BOARD OF DIRECTORS AT MONUMENT ACADEMY, A | | |
| SUPPORTED ORGANIZA | TION, SHALL SUPPORT THE BUILDING CORPORATION WITH | | |
| FINANCIAL OVERSIGH | T. POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE | | |
| BOARD MEETINGS AND | DOCUMENTED IN THE MEETING MINUTES. | | |
| | | | |
| FORM 990, PART VI, | SECTION C, LINE 19: | | |
| THE ORGANIZATION M | AKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST | | |
| LHA For Paperwork R | eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch | nedule O (For | m 990 or 990-EZ) 2020 |

032211 11-20-20

| Schedule O (Form 990 or 990-EZ) 2020 Name of the organization | Page Employer identification numbe |
|---|---------------------------------------|
| MONUMENT ACADEMY FOUNDATION | 51-0506848 |
| POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE | |
| | |
| AND UPON REQUEST. | |
| | |
| FORM 990, PART XII, LINE 1: | |
| THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING AS | |
| PRESCRIBED BY THE COLORADO DEPARTMENT OF EDUCATION. THE SCHOOL-WIDE | |
| | |
| FINANCIAL STATEMENTS ARE REPORTED USING THE ECONOMIC RESOURCES | |
| MEASUREMENT FOCUS AND THE ACCRUAL BASIS OF ACCOUNTING. GRANTS AND | |
| SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIREMENTS IMPOSED | |
| BY THE PROVIDER HAVE BEEN MET. | |
| | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT | |
| HAS NOT CHANGED. | |
| | |
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Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

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

032161 10-28-20 LHA

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| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. | | | | | | | | | | |
|---|-------------------------|---|-------------------------------|--|--|----------------------------|-------|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 contr enti | olled | | | |
| | | | | 501(c)(3)) | | Yes | No | | | |
| MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 | | | | | | | | | | |
| 1150 VILLAGE RIDGE POINT | | | | | | | | | | |
| MONUMENT, CO 80132 | SCHOOL | COLORADO | 501(C)(3) | LINE 2 | N/A | | Х | | | |
| MONUMENT ACADEMY BUILDING CORPORATION - | OWNS AND LEASES SCHOOL | | | | | | | | | |
| 26-1401850, 1150 VILLAGE RIDGE POINT, | FACILITIES TO MONUMENT | | | | | | | | | |
| MONUMENT, CO 80132 | ACADEMY | COLORADO | 501(C)(3) | LINE 12B, II | MONUMENT ACADEMY | | х | | | |
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Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

MONUMENT ACADEMY FOUNDATION

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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



Employer identification number

51-0506848

Schedule R (Form 990) 2020

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | 1) | ר) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------|---------------------|------------------------------|-------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disprop alloca | ortionate tions? | amount in box 20 of Schedule | managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | | Yes No | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| | ° , | | | | | | | | |
|--|--------------------------------|---|-------------------------------------|---|--|--------------------------------|---------------------------------------|---|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (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 | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
| | | country) | | or trust) | | assets | | Yes | |
| | | | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2020 MONUMENT ACADEMY FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|--------------|---|----------|------------------------------|---|--------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or r | | U | | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| с | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| g | | | | | 1g | | Х |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | X | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | х |
| I. | | | | | 11 | X | |
| m | | | | | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | X | |
| | Sharing of paid employees with related organization(s) | | | | 10 | X | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | х |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | х |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | х |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | х |
| | If the answer to any of the above is "Yes," see the instructions for information on who must comp | plete th | is line. including covered r | elationships and transaction thresholds. | | | |
| | (a) Name of related organization (b) Transacti type (a-s | ion | (c) Amount involved | (d) Method of determining amount in | volved | | |
| (1) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
| | | | | | | | |
| (3) | | | | | | | |
| <u>(4)</u> | | | | | | | |
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| (5) | | | | | | | |
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Schedule R (Form 990) 2020 MONUMENT ACADEMY FOUNDATION

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (€ Are partner 501(c org: | | (f) Share of total income | (g) Share of end-of-year assets | alloca | h) ropor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partne | (k) Percentage ownership |
|---|--------------------------------|--|-------------------|---------------------------------------|----|---|---|--------|--------------------------------|---|----------------------------------|--------------------------------|
| | | country | Sections 512-514) | Yes | No | | | Yes | No | (F0111 1065) | Yes I | |
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Schedule R (Form 990) 2020

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. 032165 10-28-20 Schedule R (Form 990) 2020 35 19440506 131839 A214216 2020.06000 MONUMENT ACADEMY FOUNDATI A2142161