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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

| Α | For the | 2021 calendar year, or tax year beginning JU | L 1, 2021 and | ending J | UN 30, 2022 | | | | | | | |
|---------------------|--|---|--|---------------|-------------------------------|--------------|-----------------------------|--|--|--|--|--|
| В | Check if applicable: | C Name of organization | | | D Employer ic | lentific | ation number | | | | | |
| | Address change | | | | | | | | | | | |
| | Name change Initial | Doing business as | | | 27-001 | 4128 | | | | | | |
| | return Final return/ | Number and street (or P.O. box if mail is not deli 1150 VILLAGE RIDGE POINT | vered to street address) | Room/suite | E Telephone n 719-481- | | | | | | | |
| | termin- ated | City or town, state or province, country, and Z | IP or foreign postal code | | G Gross receipts \$ | | 12,111,363. | | | | | |
| | Amende return | | | | H(a) Is this a gr | oup ret | :urn | | | | | |
| | Applica tion | F Name and address of principal officer: Guenn | GUSTAFSON | | for subord | inates? | Yes X No | | | | | |
| | pending | SAME AS C ABOVE | | | H(b) Are all subord | | | | | | | |
| $\overline{\Gamma}$ | Tax-exe | mpt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | or 527 | If "No," at | tach a li | ist. See instructions | | | | | |
| J | Website | e: WWW.MONUMENTACADEMY.NET | | | H(c) Group exe | mption | number > | | | | | |
| K | Form of o | organization: X Corporation Trust Ass | ociation Other > | L Year | of formation: 199 | 5 M | State of legal domicile: CO | | | | | |
| P | art I | Summary | | | | | | | | | | |
| 4 | 1 E | Briefly describe the organization's mission or most s | significant activities: THE MI | SSION OF | MONUMENT ACA | DEMY | | | | | | |
| nce |] | S TO PROVIDE A RIGOROUS, CONTENT-RICH | ACADEMIC PROGRAM. | | | | | | | | | |
| rna | IS TO PROVIDE A RIGOROUS, CONTENT-RICH ACADEMIC PROGRAM. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | |
| ove | 3 1 | Number of voting members of the governing body (F | Part VI, line 1a) | | | | 6 | | | | | |
| | | Number of independent voting members of the gove | erning body (Part VI, line 1b) | | | | 6 | | | | | |
| Se | 5 7 | otal number of individuals employed in calendar ye | ear 2021 (Part V, line 2a) | | | | 246 | | | | | |
| Ziţi. | 6 7 | otal number of volunteers (estimate if necessary) | | | | 6 | 500 | | | | | |
| Activities & | 7a ⊺ | otal unrelated business revenue from Part VIII, colu | ımn (C), line 12 | | | 7a | 0. | | | | | |
| _ | ' b ! | Net unrelated business taxable income from Form 9 | 90-T, Part I, line 11 | ····· | | 7b | 0. | | | | | |
| | | | | | Prior Year | | Current Year | | | | | |
| Ф | , 8 | Contributions and grants (Part VIII, line 1h) | | 8,736, | 895. | 1,360,661. | | | | | | |
| nu e | 9 F | Program service revenue (Part VIII, line 2g) | | 583, | | 10,088,975. | | | | | | |
| Revenue | 10 l | nvestment income (Part VIII, column (A), lines 3, 4, | | | 645. | 15,767. | | | | | | |
| <u> </u> | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | | 748. | 587,652. | | | | | | |
| _ | 12 7 | otal revenue - add lines 8 through 11 (must equal F | Part VIII, column (A), line 12) | | 9,349, | 808. | 12,053,055. | | | | | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A |), lines 1-3) | | | 0. | 0. | | | | | |
| | 14 E | Benefits paid to or for members (Part IX, column (A) | , line 4) | | | 0. | 0. | | | | | |
| S | 15 5 | Salaries, other compensation, employee benefits (P | | | 6,009, | | 6,994,946. | | | | | |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), Iir | ne 11e) | | | 0. | 0. | | | | | |
| X | <u></u> b ⊺ | Total fundraising expenses (Part IX, column (D), line | | 0. | | | | | | | | |
| Ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, | | | 2,760, | | 4,552,029. | | | | | |
| | | otal expenses. Add lines 13-17 (must equal Part IX | | | 8,770, | | 11,546,975. | | | | | |
| _ | 19 F | Revenue less expenses. Subtract line 18 from line 1 | 2 | | 579, | 258. | 506,080. | | | | | |
| Net Assets or | <u> </u> | | | Ве | ginning of Current | | End of Year | | | | | |
| sset | ਬੂ 20 ਹ | , | | | 8,682, | | 7,976,010. | | | | | |
| et A | 21 7 | Total liabilities (Part X, line 26) | | | 18,766, | | 14,111,494. | | | | | |
| Ž | <u> 22 </u> | Net assets or fund balances. Subtract line 21 from li Signature Block | ne 20 | | -10,084, | 789. | -6,135,484. | | | | | |
| | | | and all all and a second and a second and a second all and a second and a second and a second and a second and a | | | | Lancard and the Port State | | | | | |
| | | ties of perjury, I declare that I have examined this return, i | | | | | knowledge and beliet, it is | | | | | |
| true | e, correct | , and complete. Declaration of preparer (other than officer |) is based on all information of wr | iich preparer | nas any knowledge |). | | | | | | |
| C: | | Signature of officer | | | I Date | | | | | | | |
| Sig | | KIMBERLY MCCLELLAND, INTERIM COO/F | מסתרת הדושים איני | | Duto | | | | | | | |
| He | re | Type or print name and title | MECOTIVE DIRECTOR | | | | | | | | | |
| | | , , , , | Dranararia aignatura | | Date C | heck | PTIN | | | | | |
| Pai | | ** * * | Preparer's signature ECKY DETTMANN, CPA | | F /1 F /02 | | 201400505 | | | | | |
| | · | | LONE DEFINION, CIA | <u> </u> | | elf-employed | 41-0746749 | | | | | |
| | | | Y SUITE 300 | | Firm's E | 11/1 | 0/10/12/ | | | | | |
| USE | , Unity | Firm's address 8390 EAST CRESCENT PARKWA GREENWOOD VILLAGE, CO 801 | | | Dhone n | n (303 |) 779-5710 | | | | | |
| N/a | v tha ID | · · · · · · · · · · · · · · · · · · · | | | I Pilone f | U. \ 3 U 3 | | | | | | |
| ivia | y trie iR | S discuss this return with the preparer shown abov | er see instructions | | | | Yes No | | | | | |

MONUMENT ACADEMY 27-0014128 Page 2 Form 990 (2021) Part III Statement of Program Service Accomplishments Х Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF MONUMENT ACADEMY IS TO PROVIDE A CHALLENGING. CONTENT-RICH, ACADEMIC PROGRAM OFFERED WITHIN AN ENGAGING, CARING, AND POSITIVE LEARNING ENVIRONMENT. ESTABLISHED ON A SOLID FOUNDATION OF KNOWLEDGE, MONUMENT ACADEMY EMPHASIZES ACADEMIC EXCELLENCE, RESPECT, 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. If "Yes," describe these changes on Schedule O. 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. 6,745,085. including grants of \$ 0.) (Revenue \$ _____ MONUMENT ACADEMY PROVIDES EDUCATIONAL SERVICES FOR APPROXIMATELY 1,150 PRESCHOOL THROUGH 9TH GRADE STUDENTS. (Code:) (Expenses \$ including grants of \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$

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6,745,085.

including grants of \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

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Form 990 (2021) 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? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | _ | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 77 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| _ | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | x | |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | ^ | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | Х |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Λ |
| 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, | | х | |
| L | Part VI | 11a | Λ | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | х |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11b | | - 21 |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| ч | 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 | 110 | | |
| u | 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 | 1.0 | | |
| • | 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 | | Х |
| 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 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

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| | | | 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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% | | | l |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? | 28a | | x |
| L | "Yes," complete Schedule L, Part IV | 28b | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 200 | | |
| C | • | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | <u> </u> |
| 00 | 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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | <u> </u> | | |
| - | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | х | L |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| 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 | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | ᄓ |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | - | | |
| b | | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | Щ_ |

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Form **990** (2021)

| | n 990 (2021) MONUMENT ACADEMY 27-0 Int V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 014128 | | Р | age 2 |
|--------|---|----------------|----------------|-----|-------------|
| ı aı | Statements Regarding Other Ind Fillings and Tax Compliance (continued) | | I | V | |
| 0- | Enter the number of ampleyage reported an Form W.C. Transmitted of Wage and Tay Statements | | | Yes | No |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 246 | | | |
| h | filed for the calendar year ending with or within the year covered by this return | | 2b | Х | |
| ь | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | ZD | | |
| 22 | D. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ء ا | За | | х |
| | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | ····· | ,,, | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | _ _ | l a | | x |
| b | o If "Yes," enter the name of the foreign country | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | — | | | |
| 5a | | Ę | 5a | | х |
| b | | | 5b | | Х |
| С | 14 m/s - 11 - 11 - 11 - 11 - 11 - 11 - 11 - | | БС | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 3a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | 1 |
| | were not tax deductible? | <u>e</u> | 3b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution and services provided to the partly as a contribution an | ayor? 7 | 7a | Х | <u> </u> |
| b | , | _7 | 7b | Х | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | |
| | to file Form 8282? | _7 | 7c | | Х |
| d | , | | | | ., |
| e | | _ | 7e | | X |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | ····· | 7f | | |
| g | | | 7g 7h | | |
| н 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 3-0 ! / | " | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | | ç | Эа | | |
| b | | ····· | 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: | | | | |
| а | | | | | |
| b | , i | | | | |
| | amounts due or received from them.) | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 1 | 2a | | |
| | , | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - 1 | 20 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | ······ '' | 3a | | |
| b | | | | | |
| - | organization is licensed to issue qualified health plans | | | | |
| С | | | | | |
| 14a | | 1 | 4a | | Х |
| | | ····· | 4b | | |
| 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? | <u>L</u> 1 | 15 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | Lt | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | 1 |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 1 | 17 | | \vdash |

Form **990** (2021) A2142201

If "Yes," complete Form 6069.

Form 990 (2021) MONUMENT ACADEMY 27-0014128 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.

| | 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 | | | |
| | 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 | | | |
| 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 | Х | |
| 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 | | х |
| 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | • |
| | (This coston is requested in a manufacture of the cost of the state of | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | 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 to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 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 on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | 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 | | |
| 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 990-T (section 501(c)(3) | s only) | availal | 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 Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d financ | cial | |
| .5 | 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 | | | |
| | GLENN GUSTAFSON - 719-481-1950 | | | |
| | 1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132 | | | |

Form **990** (2021)

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

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

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

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

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

| (A) Name and title | (B) Average hours per week | box offi | not cl | Pos heck i ss per | more rson i | than of the state | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|---|-------------|-----------------------|-------------------------|----------------|---|--------|---|---|--|
| | (list any hours for related organizations below line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) MARC BROCKLEHURST | 45.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 0.00 | | | Х | | | | 74,184. | 0. | 14,963 |
| (2) MERLIN HOLMES | 45.00 | | | | | | | | _ | |
| CHIEF OPERATING OFFICER (AS OF 1/22) | 0.00 | | | Х | | | | 56,630. | 0. | 6,199 |
| (3) CHRISTIANNA HERRERA | 20.00 | ł | | | | | | 24 000 | _ | |
| CHIEF OPERATING OFFICER (THRU 1/22) | 0.00 | | | X | | | | 34,200. | 0. | 0 |
| (4) RYAN GRAHAM PRESIDENT | 25.00 | х | | х | | | | 0. | 0. | , |
| (5) MEGGHAN ST. AUBYN | 20.00 | Λ | | ^ | | | | 0. | ٠. | 0 |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | o |
| (6) CHRIS DOLE | 10.00 | Λ | | | | | | 0. | · · | , , , , , , , , , , , , , , , , , , , |
| TREASURER | | х | | х | | | | 0. | 0. | 0 |
| (7) LINDSAY CLINTON | 15.00 | | | | | | | | | _ |
| SECRETARY | | х | | х | | | | 0. | 0. | 0 |
| (8) JOE BUCZKOWSKI | 5.00 | | | | | | | | | |
| MEMBER AT LARGE | 0.40 | х | | | | | | 0. | 0. | o |
| (9) MISTY MCCUEN | 5.00 | | | | | | | | | |
| MEMBER AT LARGE | 0.00 | х | | | | | | 0. | 0. | o |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C) (D) (E) (F)

| (A) Name and title | | (B) Average hours per | | not cl | | itior more |) than o | | (D) Reportable compensation | (E) Reportable compensation | | (F Estim amou | ated | |
|--|----------------------------------|--|--------|--------|--------|---------------|--|----------|---|---|-----------|--|-----------------------------|----------------|
| | | week (list any hours for related organizations below line) | | | | irecto | Highest compensated shripter semployee | tee) | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | 1 | oth comper from organiz and re | er nsati the zatio | ion on d |
| | | | _ | _ | | | | | | | 1 | | | |
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| | | | | | | | | | | | + | | | |
| | | | | | | | | | | | + | | | |
| 1b Subtotal | | | | | | | | <u> </u> | 165,014. | | 0. | 2 | 1,1 | 62. |
| c Total from continuation shee d Total (add lines 1b and 1c) | ets to Part VII | , Section A | | | | | | | 0. 165,014. | | 0. | 2 | 1 1 | 0. |
| 2 Total number of individuals (inc | cluding but no | | | | | | | o re | · · · · · · · · · · · · · · · · · · · | | | | _,_ | 0 |
| compensation from the organi | zation | | | | | | | | | | | Ye | s | No |
| 3 Did the organization list any for line 1a? If "Yes," complete Sch | | | | - | | - | | _ | • | - | | 3 | | X |
| 4 For any individual listed on line | e 1a, is the su | m of reportable | е со | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | | | |
| and related organizations greaDid any person listed on line 1 | ter than \$150 a receive or a | ,000? If "Yes, | " CO | mple | ete S | Sche anv | unre | J fo | or such individual | dual for services | | 4 | | X |
| rendered to the organization? | If "Yes," com | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractor 1 Complete this table for your five | | nnensated ind | enei | nder | nt co | ntra | actor | rs th | nat received more than \$ | 100 000 of comper | | ion from | | — |
| the organization. Report comp | • | • | • | | | | | | | • | | | | |
| Name a | (A) and business | address | NOI | NE | | | | | (B) Description of s | ervices | C | (C) ompensa | tion | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| 2 Total number of independent of \$100,000 of compensation fro | • | • | ot lin | nited | d to 1 | | se lis | ted | above) who received mo | ore than | | | | |
| Ψ100,000 of compensation ito | in the organiz | adon - | | | | | | | | | | Form 99 | 0 (2 | 021) |

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 163,251 c Fundraising events 1c d Related organizations 1d 1,197,410 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,360,661 h Total. Add lines 1a-1f **Business Code** 2 a TUITION 9,493,933 9,493,933 611600 Program Service Revenue STUDENT FEES 565,042 611600 565,042 b BUILDING USE REVENUE 611600 30,000. 30,000. d All other program service revenue 10,088,975, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 15,767 15,767. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 163,251. of contributions reported on line 1c). See 27,000. Part IV, line 18 58,308 **b** Less: direct expenses _____ -31,308 -31,308. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a ACCRUED INCOME 900099 599,562 599,562 b COMPENSATED ABSENCE 900099 12,618. 12,618 c MISC REVENUE 6,780 900099 6,780. d All other revenue 618,960 Total. Add lines 11a-11d

12 T(

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3,857.

12,053,055

Total revenue. See instructions

10,688,537

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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 respons | e or note to any line in t | his Part IX(B) | (C) | (D) |
|----|---|----------------------------|--------------------------|---------------------------------|----------------------|
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 275,903. | 151,747. | 124,156. | |
| 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 | 5,014,625. | 4,235,108. | 779,517. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 1,120,602. | 959,868. | 160,734. | |
| | Other employee benefits | 510,521. | 459,253. | 51,268. | |
| 10 | Payroll taxes | 73,295. | 61,061. | 12,234. | |
| | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 103,853. | | 103,853. | |
| С | Accounting | 8,400. | | 8,400. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 1,077,288. | 234,323. | 842,965. | |
| 12 | Advertising and promotion | 47,719. | | 47,719. | |
| 13 | Office expenses | 135,071. | | 135,071. | |
| 14 | Information technology | 136,586. | | 136,586. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,197,517. | | 2,197,517. | |
| | Travel | 1,438. | | 1,438. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| | Interest | | | | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 106,276. | | 106,276. | |
| | Insurance | 94,156. | | 94,156. | |
| | 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.) | | | | |
| | SUPPLIES - INSTR. | 326,276. | 326,276. | | |
| b | TRUST & AGENCY EXPEND. | 302,161. | 302,161. | | |
| С | DUES AND FEES | 15,288. | 15,288. | | |
| d | | | | | |
| е | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 11,546,975. | 6,745,085. | 4,801,890. | (|
| | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

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Form 990 (2021)
Part X Balance Sheet

| Ра | rt X | Balance Sneet | | | | | |
|-----------------------------|------|---|--------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to any | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 791,966. | 1 | 1,200,397 |
| | 2 | Savings and temporary cash investments | | | 2,518,759. | 2 | 2,236,831 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 221,881. | 4 | 693,54 |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of t | | | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified per | | | | |
| | | under section 4958(f)(1)), and persons descri | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | 8 | | |
| As | 9 | B | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | I I | 1,760,158. | | | |
| | b | | | 608,241. | 1,129,860. | 10c | 1,151,91 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lir | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 4,019,546. | 15 | 2,693,31 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 8,682,012. | 16 | 7,976,010 |
| | 17 | Accounts payable and accrued expenses | | | 783,165. | 17 | 856,347 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | 51,380. | 19 | 92,34 | | |
| | 20 | Tax-exempt bond liabilities | | • | 20 | • | |
| | 21 | Escrow or custodial account liability. Comple | | | 21 | | |
| " | 22 | Loans and other payables to any current or f | | | | | |
| Ë | | trustee, key employee, creator or founder, su | | | | | |
| Liabilities | | controlled entity or family member of any of t | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | | | | | |
| | | of Schedule D | • | L | 17,932,256. | 25 | 13,162,803 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 18,766,801. | 26 | 14,111,494 |
| | | Organizations that follow FASB ASC 958, o | | | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| auc | 27 | | | | | 27 | |
| Bai | 28 | Net assets with donor restrictions | | | | 28 | |
| 9 | | Organizations that do not follow FASB AS | | | | | |
| ī | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fun | nds | | -10,440,110. | 29 | -6,572,975 |
| šets | 30 | Paid-in or capital surplus, or land, building, o | | | 0. | 30 | (|
| Ass | 31 | Retained earnings, endowment, accumulated | | | 355,321. | 31 | 437,491 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | -10,084,789. | 32 | -6,135,484 |
| ~ | 33 | Total liabilities and net assets/fund balances | | | 8,682,012. | 33 | 7,976,010 |

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| Pai | 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 | 12 | ,053, | 055. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11 | ,546, | 975. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 506, | 080. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -10 | ,084, | 789. |
| 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 | 3 | ,443, | 225. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | -6 | ,135, | 484. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Other SEE SCH. O | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2021) |

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** MONUMENT ACADEMY 27-0014128 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | • • | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| 3 | 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. | | | | | | |
| | ••• | (-) 0047 | (1-) 0040 | (-) 0040 | (4) 0000 | (-) 0004 | (f) T-+-! |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| | 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 the | ne organization's fi | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | > |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2020 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2021. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶□ |
| b | 33 1/3% support test - 2020. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | est. The organizatio | n qualifies as a pu | blicly supported o | rganization | | ▶ □ |
| b | 10% -facts-and-circumstances test | _ | • | | - | | |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circle | | | | | | ▶ □ |
| 18 | Private foundation. If the organization | | - | • | | | • • • • • • • • • • • • • • • • • • • |
| | | | ,, | , ,, 11 ~ | , | | (Form 990) 2021 |

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

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

| Section A. Public Support | | | T | | T | |
|--|-------------------|----------------------|----------------------|---------------------|------------------------|--------------|
| Calendar year (or fiscal year beginning in) ► 📙 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | 1 |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | 1 | | ļ |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or 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 | | | | | | |
| 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 | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | (4) 2017 | (6) 2010 | (6) 2013 | (4) 2020 | (6) 2021 | (i) rotai |
| Itoa 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| I1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 2 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 | organization's fi | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organization | on, |
| check this box and stop here | • | | | | .,., | · · · - |
| Section C. Computation of Public | Support Per | rcentage | | | | |
| 5 Public support percentage for 2021 (line | | | column (f)) | | 15 | |
| 6 Public support percentage from 2020 S | , (,, | , , | | | 16 | |
| ection D. Computation of Invest | | | | | | |
| 7 Investment income percentage for 202 | | | ne 13. column (f)) | | 17 | |
| 8 Investment income percentage from 20 | | | (1) | | 18 | |
| 9a 33 1/3% support tests - 2021. If the o | | | | | | 7 is not |
| more than 33 1/3%, check this box and | | | | | | 55€ |
| b 33 1/3% support tests - 2020. If the o | rganization did r | not check a box on | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | . – |
| line 18 is not more than 33 1/3%, check | | - | • | | - | |
| 20 Private foundation. If the organization | did not check a | box on line 14 19: | a or 19b. check th | his box and see in: | structions | |

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing |
|---|--|
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. |

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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.

2a 2b За 3b

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ıg Orgar | nizations | |
|------|---|---------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | • | |
| 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 | | |
| С | 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-functiona | lly integrate | ed Type III supporting orga | nization (see |
| | instructions). | | | |

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|------------|--|-------------------------------|--------------------------------|----------------------------------|--|--|
| Secti | on D - Distributions | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | | |
| | organizations, in excess of income from activity | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 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 | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | |
| | | (i) | (ii) | (iii) | | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2021 | Distributable Amount for 2021 | | |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| _3_ | Excess distributions carryover, if any, to 2021 | | | | | |
| a | From 2016 | | | | | |
| b | From 2017 | | | | | |
| c | From 2018 | | | | | |
| d | From 2019 | | | | | |
| e | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | | |
| <u>i_</u> | Carryover from 2016 not applied (see instructions) | | | | | |
| <u>i</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| a | Excess from 2017 | | | | | |
| b | Excess from 2018 | | | | | |
| c | Excess from 2019 | | | | | |
| d | Excess from 2020 | | | | | |
| е | Excess from 2021 | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

MONUMENT ACADEMY

Employer identification number $27\!-\!0014128$

| Par | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | ilar Funds or Ac | counts. Complete if the |
|-----|--|---------------------------------|--------------------------|---------------------------------|
| | Organization answered Tes OrtForm 990, Fait IV, link | (a) Donor advised fu | unds (| (b) Funds and other accounts |
| 1 | Total number at end of year | (,) | , | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | n donor advised fund | 1e |
| Ū | are the organization's property, subject to the organization's | | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | | |
| Ū | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | , | | |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | |
| • | Preservation of land for public use (for example, recreat | | reservation of a histo | orically important land area |
| | Protection of natural habitat | · — | | fied historic structure |
| | Preservation of open space | ш. | | ned meterie diractare |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contributio | n in the form of a co | nservation easement on the last |
| _ | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| C | Number of conservation easements on a certified historic stru | | | 2c |
| | Number of conservation easements included in (c) acquired a | | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | | |
| | year > | , , | , | Ç |
| 4 | Number of states where property subject to conservation eas | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | <u></u> | , handling of | |
| | violations, and enforcement of the conservation easements it | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | | | |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforce | cing conservation ea | sements during the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements o | f section 170(h)(4)(B) | (i) |
| | 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 organization's fina | ancial statements tha | at describes the |
| | organization's accounting for conservation easements. | | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treas | ures, or Other S | imilar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 8, not to report in its revenu | e statement and bala | ance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or | research in furtherar | nce of public |
| | service, provide in Part XIII the text of the footnote to its finan | icial statements that describ | es these items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | 8, to report in its revenue sta | atement and balance | sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or res | search in furtherance | e of 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 treatments | asures, or other similar asse | ts for financial gain, ¡ | |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these iter | ms: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | . . |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | | Schedule D (Form 990) 2021 |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| | | <u> </u> | <u> </u> | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | 641,335. | 391,479. | 249,856. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,092,213. | 211,440. | 880,773. |
| e Other | | 26,610. | 5,322. | 21,288. |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990 Part X colum | nn (R) line 10c) | • | 1,151,917. |

| Schedule D (Form 990) 2021 MONUMENT ACADEMY | Z . | : | 27-0014128 | Page 3 |
|--|-------------------------------|---|-------------------|----------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1b. 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 er | nd-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 1 | 1c. See Form 990, Part X, line 13. | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or er | nd-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.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | | |
| (a |) Description | | (b) Book | value |
| (1) DEFERRED OUTFLOWS - PENSION | | | 2, | 584,730. |
| (2) DEFERRED OUTFLOWS - OPEB | | | | 108,588. |
| (3) | | | | |
| (4) | | | + | |
| (5) | | | + | |
| (6) | | | + | |
| | | | + | |
| (7) | | | + | |
| (8) | | | + | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 15.) | | <u>▶</u> 2, | 693,318. |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 2 | _ | |
| 1. (a) Description of liability | | | (b) Book | value |
| (1) Federal income taxes | | | | |
| (2) NET PENSION LIABILITY | | | 8, | 943,222. |
| (3) NET OPEB LIABILITY | | | | 432,676. |
| (4) DEFERRED INFLOWS - PENSION | | | 3, | 606,439. |
| (5) DEFERRED INFLOWS - OPEB | | | | 180,466. |
| | | | 1 | |
| | | | + | |
| (7) | | | + | |
| (8) | | | + | |
| (9) | | | + | 160 000 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | | | | 162,803. |
| 2. Liability for uncertain tax positions. In Part XIII, provid | e 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

| 4 Total revenue gains and attenue representation and the differential state. | ine 12a. | | | 11,494,986. |
|---|--|----------------------|--------------|-----------------|
| | | | 1 | 11,494,900. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | | | |
| a Net unrealized gains (losses) on investments | | | | |
| b Donated services and use of facilities | | | | |
| c Recoveries of prior year grants | | FA 111 | | |
| d Other (Describe in Part XIII.) | | 54,111. | | |
| e Add lines 2a through 2d | | | 2e | 54,111. |
| 3 Subtract line 2e from line 1 | | | 3 | 11,440,875. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | 4b | 612,180. | | |
| c Add lines 4a and 4b | | | 4c | 612,180. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 | atomonto With E | waanaaa nay F | 5 | 12,053,055. |
| Part XII Reconciliation of Expenses per Audited Financial St | | xpenses per F | eturn. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, I | | | | 11 610 525 |
| 1 Total expenses and losses per audited financial statements | | | 1 | 11,610,525. |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | |
| a Donated services and use of facilities | | | | |
| b Prior year adjustments | | | | |
| c Other losses | | 160.006 | | |
| d Other (Describe in Part XIII.) | 2d | 169,826. | | 460.006 |
| e Add lines 2a through 2d | | | 2e | 169,826. |
| 3 Subtract line 2e from line 1 | | | 3 | 11,440,699. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | 4b | 106,276. | | |
| c Add lines 4a and 4b | | | 4c | 106,276. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line | 10 \ | | 5 | 11,546,975. |
| Part XIII Supplemental Information. | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | 4; Part IV, lines 1b and | d 2b; Part V, line 4 | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 1B: | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINE | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINE TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINE TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINT TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY INDIRECT SCHOOL SUPPORT. | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part IV, Line 1b: The pupil activity fund is an agency fund used to record find transactions related to school-sponsored organizations and a these activities are self-supporting and do not receive any indirect school support. Part XI, Line 2D - Other adjustments: | 4; Part IV, lines 1b and any additional informat | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part IV, Line 1b: The Pupil activity fund is an agency fund used to record find transactions related to school-sponsored organizations and a these activities are self-supporting and do not receive any indirect school support. Part XI, Line 2D - Other adjustments: | 4; Part IV, lines 1b and any additional informat ANCIAL CTIVITIES. DIRECT OR | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINE TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY INDIRECT SCHOOL SUPPORT. PART XI, LINE 2D - OTHER ADJUSTMENTS: LEASE PROCEEDS | 4; Part IV, lines 1b and any additional informat ANCIAL CTIVITIES. DIRECT OR | d 2b; Part V, line 4 | | |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a part IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINT TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY INDIRECT SCHOOL SUPPORT. PART XI, LINE 2D - OTHER ADJUSTMENTS: LEASE PROCEEDS PART XI, LINE 4B - OTHER ADJUSTMENTS: | 4; Part IV, lines 1b and any additional informat ANCIAL CTIVITIES. DIRECT OR 54,111. | d 2b; Part V, line 4 | ; Part X, li | ine 2; Part XI, |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 1B: THE PUPIL ACTIVITY FUND IS AN AGENCY FUND USED TO RECORD FINE TRANSACTIONS RELATED TO SCHOOL-SPONSORED ORGANIZATIONS AND A THESE ACTIVITIES ARE SELF-SUPPORTING AND DO NOT RECEIVE ANY | 4; Part IV, lines 1b and any additional informat ANCIAL CTIVITIES. DIRECT OR 54,111. | d 2b; Part V, line 4 | ; Part X, li | |

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MONUMENT ACADEMY

Part I

Employer identification number
27-0014128

| | | | YES | NO |
|---------------------------------|---|--|-----|-----------------------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | 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 MONUMENT ACADEMY INCLUDES THEIR NONDISCRIMINATION POLICY ON | 3 | Х | |
| | 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? | 4a | Х | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| | | | | |
| | Students' rights or privileges? | 5a | | Х |
| | Admissions policies? | 5b | | Х |
| b | Admissions policies? Employment of faculty or administrative staff? | 5b 5c | | X |
| b d | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? | 5b 5c 5d | | X X X |
| b c d | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? | 5b 5c 5d 5e | | X X X |
| b d e f | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? | 5b 5c 5d 5e 5f | | х х х х |
| b d e f | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5b 5c 5d 5e 5f 5g | | x x x x x |
| b d e f | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5b 5c 5d 5e 5f | | X X X X |
| b d e f | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5b 5c 5d 5e 5f 5g | | X X X X |
| b c d e f g h | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5b 5c 5d 5e 5f 5g | x | X X X X X |
| b c d e f g h | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5b 5c 5d 5e 5f 5g 5h | x | x x x x x |
| b c d e f g h | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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? | 5b 5c 5d 5e 5f 5g 5h | x | x x x x x |
| b c d e f g h | Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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? Has the organization's right to such aid ever been revoked or suspended? | 5b 5c 5d 5e 5f 5g 5h | x | x x x x x x x x |

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

132062 10-18-21 Schedule E (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| Name of the organization MONUMENT AG | ~anemy | | | | | 27-001412 | ntification number |
|---|---|---|--|---|---------|---|---|
| | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, li | ine 17 | | |
| Indicate whether the organization rais | ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of tion of fundra (includ | non-g gover aising ding of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | ustody itrol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
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| Fotal | | | — | | | | |
| List all states in which the organizatio or licensing. | | | utions | or has been notified | it is e | exempt from re | gistration |
| <u> </u> | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

MONUMENT ACADEMY 27-0014128 Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through col. (c)) (total number) (event type) (event type) 190,251 190,251. 1 Gross receipts 2 Less: Contributions 163,251 163,251. Gross income (line 1 minus line 2) 27,000 27,000. 4 Cash prizes 5 Noncash prizes 27,000 27,000. Direct Expenses 10,327. 10,327. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 20,981. 20,981. Other direct expenses 58,308. **10** Direct expense summary. Add lines 4 through 9 in column (d) -31,308. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2021

132082 10-21-21

| Schedule G (Form 990) 2021 MONUMENT ACADEMY | 27-001 | 4128 | Page 3 |
|--|---------------------------------|-------------|---------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other | | | |
| to administer charitable gaming? | | Yes | ☐ No |
| 13 Indicate the percentage of gaming activity conducted in: | | | |
| a The organization's facility | - | 3a | % |
| b An outside facility | | 3b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events l | | | |
| | | | |
| Name ▶ | | | |
| | | | |
| Address | | | |
| | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gamin | ng revenue? | Yes | ☐ No |
| | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | and the amount | | |
| of gaming revenue retained by the third party \$ | | | |
| c If "Yes," enter name and address of the third party: | | | |
| c in rest, cinerinante and address of the time party. | | | |
| Name ▶ | | | |
| | | | |
| Address > | | | |
| | | | |
| 16 Gaming manager information: | | | |
| Canning manager intermedien. | | | |
| Name ▶ | | | |
| | | | |
| Gaming manager compensation > \$ | | | |
| | | | |
| Description of services provided | | | |
| | | | |
| | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| | | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proce | eds to | | |
| retain the state gaming license? | | Yes | ☐ No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organize | zations or spent in the | | |
| organization's own exempt activities during the tax year ▶ \$ | i i | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, col | umns (iii) and (v); and Part II | I, lines 9. | 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction | | | |
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| Schedule G (Form 990) | MONUMENT ACADEMY | 27-0014128 | Page 4 |
|--|--------------------|------------|--------|
| Schedule G (Form 990) Part IV Supplemental Infor | mation (continued) | | |
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SCHEDULE 0 (Form 990)

Department of the Treasury

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number MONUMENT ACADEMY 27-0014128

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESPONSIBILITY, CHARACTER AND EXEMPLARY CITIZENSHIP. FORM 990, PART VI, SECTION A, LINE 6: EACH EMPLOYEE AND EACH PARENT THE ORGANIZATION HAS ONE CLASS OF MEMBERS. 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 A, LINE 8B: THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. 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.

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

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

Schedule O (Form 990) 2021 Page 2

| Schedule O (Form 990) 2021 | | Page 2 |
|---|--------------------------------|---|
| Name of the organization MONUMENT ACADEMY | | Employer identification number 27-0014128 |
| THE ORGANIZATION'S CONFLICT OF INTEREST POLICY | Y 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 DEC | ISION INVOLVING A CONFLICT OF | |
| INTEREST, A "CONFLICTING INTEREST TRANSACTION" | ", SUCH PERSON: (I)IMMEDIATELY | |
| INFORM THOSE CHARGED WITH APPROVING THE CONFL | ICTING INTEREST TRANSACTION ON | |
| BEHALF OF THE CORPORATION OF THE INTEREST OR I | POSITION OF SUCH PERSON OR ANY | |
| PARTY RELATED TO SUCH PERSON; "(II) AID THE PER | RSONS CHARGED WITH MAKING THE | |
| DECISION BY DISCLOSING ANY MATERIAL FACTS WITH | HIN THE RESPONSIBLE PERSON'S | |
| KNOWLEDGE THAT BEAR ON THE ADVISABILITY OF TH | E CORPORATION ENTERING INTO | |
| THE CONFLICTING INTEREST TRANSACTION; AND (II | I) NOT BE ENTITLED TO VOTE ON | |
| THE DECISION TO ENTER INTO SUCH TRANSACTION. | ANY POTENTIAL CONFLICTS OF | |
| INTEREST ARE DISCUSSED AT THE BOARD MEETINGS A | 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 1 | MEETING MINUTES OF THE | |
| EXECUTIVE SESSION. THE MOST RECENT COMPENSAT | ION REVIEW OCCURRED IN 2019. | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS | S, 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 ASSI | ETS: | |
| CHANGE IN OPEB LIABILITY | 42,550. | |
| CHANGE IN PENSION LIABILITY | 3,400,675. | |
| TOTAL TO FORM 990, PART XI, LINE 9 | 3,443,225. | |
| 132212 11-11-21 | 3.4 | Schedule O (Form 990) 2021 |

| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization MONUMENT ACADEMY | Employer identification number 27-0014128 |
| | |
| 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 FROM THE PRIOR YEAR. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

132161 11-17-21 LHA

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

 $27\!-\!0014128$

| (a) | (b) | (b) (c) | | (e |) | (1 | f) | |
|---|---|---|-------------------------------|---------------------------------------|-------------------------------|---------|---|----|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity Legal domicile (state or foreign country) | | or Total inco | me End-of-yea | r assets I | 1 | | |
| | | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | zations. Complete if the organizatio | n answered "Yes" on Form 990 | D, Part IV, line 34, b | Decause it had one | e or more related t | ax-exem | npt | |
| (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 | | (g) Section 512(b)(1) controlled entity? | |
| | | | | 501(c)(3)) | | | Yes | No |
| MONUMENT ACADEMY BUILDING CORPORATION - 26-1401850, 1150 VILLAGE RIDGE POINT, | OWNS AND LEASES SCHOOL FACILIITES TO MONUMENT | | | | | | | |
| MONUMENT, CO 80132 | ACADEMY | COLORADO | 501(C)(3) | LINE 12B, II | MONUMENT ACA | DEMY | Х | |
| MONUMENT ACADEMY FOUNDATION - 51-0506848 | _ | | | | | | | |
| 1150 VILLAGE RIDGE POINT | FINANCIAL SUPPORT AND | | | | | | | |
| MONUMENT, CO 80132 | FUNDRAISING | COLORADO | 501(C)(3) | LINE 12A, I | MONUMENT ACA | DEMY | Х | |
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| | \dashv | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

| organization a sales are a particular point. | | | | | | | | | | | |
|--|------------------|--------------------------------|---------------------------|--|-----------------------|-----------------------------------|-------------------------------|----|--|--------------------------|----------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera manag partn | Percentage ownership |
| | | foreign country) | sections 512-514) | | 233013 | | 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 | (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 | Section 512(b)(13) controlled entity? | |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|--|----|
| | | country) | | | | | | Yes | No |
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MONUMENT ACADEMY 27-0014128 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х | | | |
|-----------------|---|-------------------------------|------------------------------|--|---------|-------|------|--|--|--|
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х | | | |
| g | Sale of assets to related organization(s) | | | | 1g | | Х | | | |
| h | h Purchase of assets from related organization(s) | | | | | | | | | |
| i | i Exchange of assets with related organization(s) | | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization | n(s) | | | _1 | Х | | | | |
| m | n Performance of services or membership or fundraising solicitations by related organization | n(s) | | | 1m | Х | | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | | | | |
| | | | | | 10 | Х | | | | |
| | | | | | | | | | | |
| р | p Reimbursement paid to related organization(s) for expenses | | | | | | | | | |
| | 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 | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who mus | st complete thi | s line, including covered re | elationships and transaction thresholds. | | | | | | |
| | • | (b) ansaction ype (a-s) | (c) Amount involved | (d) Method of determining amount invo | olved | | | | | |
| 1) ¹ | MONUMENT ACADEMY BUILDING CORPORATION | K | 929,538. | AMOUNT PAID | | | | | | |
| 2) ¹ | MONUMENT ACADEMY FOUNDATION | K | 725,131. | AMOUNT PAID | | | | | | |
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| 3) | | | | | | | | | | |
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| 5) | | + | | | | | | | | |
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| <u>6)</u> | | | | Oalte date |) (F | - 000 | 0004 | | | |
| 3216 | 63 11-17-21 | | | Schedule F | ៶ (rorr | ก ษษบ | 2027 | | | |

Schedule R (Form 990) 2021 MONUMENT ACADEMY 27-0014128 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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|--------------------------------------|--------------------------|
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| Schedule R (Form 990) 2021 MONUMENT ACADEMY | 27-0014128 | Page 5 |
|--|------------|---------------|
| 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 | | |
| oc 4404050 | | |
| EIN: 26-1401850 | | |
| 1150 VIII AGE DIDGE DOINE | | |
| 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 | | |
| 44 -6 | | |
| 1150 VILLAGE RIDGE POINT | | |
| MONTHMENT CO. 90122 | | |
| MONUMENT, CO 80132 | | |
| PRIMARY ACTIVITY: FINANCIAL SUPPORT AND FUNDRAISING | | |
| THIM I TOTAL THE SOLION INDICATED TO THE SOLION INDICATED THE | | |
| DIRECT CONTROLLING ENTITY: MONUMENT ACADEMY | | |
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5 11-17-21 Schedule R (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 instructions. Taxpayer identification number (TIN) print MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1150 VILLAGE RIDGE POINT return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (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) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) GLENN E GUSTAFSON 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 group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

LHA

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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

Open to Public Inspection

| <u>A</u> | For the | 2021 calendar year, or tax year beginning JUL 1 | , 2021 and | ending J | UN 30, 2022 | | | |
|---------------|--|--|-----------------------------|---------------|-------------------------|---------------------|---------------------|-----------|
| | Check if applicable: | C Name of organization | | | D Employer | identific | ation number | |
| | Address change | MONUMENT ACADEMY BUILDING CORPORATION | Ī | | | | | |
| | Name change | Doing business as | | | 26-14 | 01850 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered | to street address) | Room/suite | E Telephone | number | | |
| | Final return/ | 1150 VILLAGE RIDGE POINT | | | 719-483 | | | |
| | termin- ated | City or town, state or province, country, and ZIP o | r foreign postal code | | G Gross receipts | \$ | 929 | 9,845. |
| | Amende return | MONUMENT, CO 80132 | | | H(a) Is this a | group ret | :urn | |
| | Applica tion | F Name and address of principal officer: Guenn E | GUSTAFSON | | for subo | rdinates? | Yes [| X No |
| | pending | SAME AS C ABOVE | | | H(b) Are all subo | rdinates inc | luded? Yes | No |
| | | | nsert no.) 4947(a)(1) | or 527 | If "No," a | attach a li | ist. See instructio | ns |
| | | WWW.MONUMENTACADEMY.NET | | | H(c) Group ex | xemption | number 🕨 | |
| | | organization: X Corporation Trust Associat | tion Other | L Year | of formation: 20 | 07 M | State of legal domi | cile: CO |
| Р | _ | Summary | | | | | | |
| Œ | 1 E | Briefly describe the organization's mission or most signif | | | RPORATION W | IAS | | |
| an c | | REATED TO ISSUE DEBT AND BUILD AND SUPPO | | | | | | |
| Governance | 2 (| Check this box if the organization discontinue | | | | | ets. | 4 |
| Š | 3 1 | lumber of voting members of the governing body (Part | | | | | | 4 4 |
| | | lumber of independent voting members of the governin | | | | — | | 0 |
| i | 5 T | otal number of individuals employed in calendar year 2 | | | | — | | 4 |
| Activities & | 727 | otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column | | | | | | 0. |
| Ā | h N | let unrelated business taxable income from Form 990-T | | | | . — | | 0. |
| _ | | ter amenated business taxable moome nomin only only | Prior Year | | Current Yea | | | |
| - | 8 (| Contributions and grants (Part VIII, line 1h) | | | | 0. | <u> </u> | 0. |
| Revenue | 9 F | | | | 930 | ,488. | 929 | 9,538. |
| ė, | 10 li | nvestment income (Part VIII, column (A), lines 3, 4, and | | | | 140. | | 307. |
| ď | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 | | | | 0. | | 0. |
| | 1 | otal revenue - add lines 8 through 11 (must equal Part) | | | 930 | ,628. | 929 | 9,845. |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), line | es 1-3) | | | 0. | | 0. |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line | | | | 0. | | |
| V. | 15 | Salaries, other compensation, employee benefits (Part I) | K, column (A), lines 5-10) | | | 0. | | 0. |
| Expenses | 16 a F | Professional fundraising fees (Part IX, column (A), line 11 | e) | | | | 0. | |
| X | <u>}</u> b⊺ | otal fundraising expenses (Part IX, column (D), line 25) | | 0. | | | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-2 | | | | ,695. | | 3,030. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, col | | | | 695. | | 3,030. |
| | 19 F | Revenue less expenses. Subtract line 18 from line 12 | | | | ,067. | | 3,185. |
| ts or | | | | Ве | ginning of Currer | | End of Yea | |
| Net Assets or | 20 ⊺ | | | | 11,741 12,657 | | 12,364 | |
| let A | 21 7 | otal liabilities (Part X, line 26) Let assets or fund balances. Subtract line 21 from line 2 | | | • | ,504. | | 9,762. |
| P | <u>∃ 22 </u> | Signature Block | :0 | | 710 | ,,,,,,, | | ,,,,,,, |
| | | ies of perjury, I declare that I have examined this return, incluc | ding accompanying schedules | s and stateme | ents, and to the be | est of my l | knowledge and belie | ef. it is |
| | | and complete. Declaration of preparer (other than officer) is b | | | | - | oage and 2011 | ,, |
| | | | | | | <u> </u> | | |
| Sig | ın | Signature of officer | | | Date | | | |
| He | 1 | KIMBERLY MCLELLAND, INTERIM COO/EXECU | TIVE DIRECTOR | | | | | |
| | | Type or print name and title | | | | | | |
| | | Print/Type preparer's name Preparer | arer's signature | | Date | Check | PTIN | |
| Pai | d E | ECKY DETTMANN, CPA BECK | Y DETTMANN, CPA | 0 | 5/15/23 | ır self-employed | P01408585 | |
| Pre | parer | 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 | |
| Ma | y the IR | S discuss this return with the preparer shown above? S | ee instructions | | | | . X Yes | No |

| Pai | Statement of Program Service Accomplishments | | | | | | | | | | |
|-----------|--|------------------------|--|--|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | | | | | | | | | |
| 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? | Yes X No | | | | | | | | | |
| | prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. | | | | | | | | | | |
| 3 | • | Yes X No | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | res No | | | | | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | w ovnoncoc | | | | | | | | | |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total | | | | | | | | | | |
| | revenue, if any, for each program service reported. | expenses, and | | | | | | | | | |
| 4а | (Code:) (Expenses \$ | 929 538.) | | | | | | | | | |
| Tu | ISSUANCE OF DEBT AND LEASE OF THE SCHOOL FACILITY BUILT TO MONUMENT | <u> </u> | | | | | | | | | |
| | ACADEMY. | | | | | | | | | | |
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| 4b | (Code:) (Expenses \$ |) | | | | | | | | | |
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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 \$ |) | | | | | | | | | |
| <u>4e</u> | Total program service expenses ▶ 963,030. | | | | | | | | | | |
| | | Form 990 (2021) | | | | | | | | | |

26-1401850

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | 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 | ا ا | | |
| 10 | 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, | io | | |
| •• | as applicable. | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 11a | 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 | 1 Ia | | |
| D | | 446 | | x |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | х | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Λ | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | x |
| 40 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 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? | | v | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | - v |
| 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 | ا | | • |
| | 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 | l | | |
| | 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, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | ,, |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | ├ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

132003 12-09-21

Form **990** (2021)

Form 990 (2021) MONUMENT ACADEMY

Part IV Checklist of Required Schedules

| Pai | 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 | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 040 | | х |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | X |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24u | | |
| 2 5a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | , , , | 25b | | Х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 0 | 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 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 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 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 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 | <u> </u> |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | l |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | , | |
| Da: | Note: All Form 990 filers are required to complete Schedule 0 | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia On the pumber of Forms W-2G included on line 13. Enter -0- if not applicable Ib On the pumber of Forms W-2G included on line 13. Enter -0- if not applicable | - | | |
| | Litter the number of Forms w-2d included of fine 1a. Litter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |
| | garnomig/ wirmings to prize wirmers: | 1c | ı I | |

132004 12-09-21

26-1401850

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | | |
|--------|--|----------|-----|----|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | |
| | 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 | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ۱ | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | 17 | | | | | |
| a | 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 | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | х | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| 9 h | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | | | | | | |
| Ŭ | 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 | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | |
| 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: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b | | | | | | | | |
| | Did the appropriate wasting an appropriate for independent in a position of wine the target of | 14a | | х | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes." complete Form 6069. | | | | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | 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 | l 💮 | | | | | | | |
| | 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 | <u>L</u> | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | х | | | | | |
| 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 | | х | | | | | |
| 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 | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | • | | | | | |
| | (This costion a requestion members access a straight access and the rest of the costs) | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | |
| | 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 | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | 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 to conflicts? | 12b | Х | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 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 on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| | taxable entity during the year? | 16a | | 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 | | | | | | | |
| 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 990-T (section 501(c)(3 | s onlv) | 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, ar | d finan | cial | | | | | | |
| | statements available to the public during the tax year. | ail | -141 | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | |
| | | | | | | | | | |
| | GLENN E GUSTAFSON - 719-481-1950 | | | | | | | | |

Form **990** (2021)

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

Employees, and Independent Contractors

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

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

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

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

| X Check this box if neither the organization no | or any related | orga | niza | tion | con | npen | sate | ed any current officer, d | irector, or trustee. | |
|---|------------------------|--------------------------------|---------------------------|---------|--------------|---------------------------------|--------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson i | s both | an | compensation | compensation | amount of |
| | week | _ | | | II CCIO | 1711 43 | | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or (| stee | | | ısatec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | In stit utio nal tru stee | | yee | Highest compensated employee | | 1099-NEC) | 10001120, | and related |
| | below | idual | tution | ie. | Key employee | est co loyee | ner | | | organizations |
| | line) | Indi | Insti | Officer | Key | High emp | Former | | | |
| (1) MARK MCWILLIAMS | 0.40 | | | | | | | | | |
| PRESIDENT | 0.40 | Х | | Х | | | | 0. | 0. | 0. |
| (2) CHRIS DOLE | 0.40 | | | | | | | | | |
| SECRETARY | 10.40 | Х | | Х | | | | 0. | 0. | 0. |
| (3) JOE BUCZKOWSKI | 0.20 | | | | | | | | | |
| DIRECTOR | 5.20 | Х | | | | | | 0. | 0. | 0. |
| (4) MELANIE STROP | 0.20 | | | | | | | | | |
| DIRECTOR | 0.20 | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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Form 990 (2021)

| Form 990 (2021) MONUMENT ACA | | | | | | | | | 26-140 | 1850 |) P | age 8 | |
|---|--|-----------------|--------|--------|-----------------------------------|--|-------------|--|---|---------------------|--|----------------------------------|--|
| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | tee or director | not cl | ss per | ition more son is irecto | Highest compensated highes | an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC) | | (F) Estimate amount other compensa from the organizate and relate organizate | of ation ie tion ted | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | • | | | | | | | | | | | |
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| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | > | 0. | | 0. | | 0. | |
| c Total from continuation sheets to Part Vid. Total (add lines 1b and 1c) | II, Section A | | | | | | | 0. | | 0. | | 0. | |
| 2 Total number of individuals (including but r | | | | | | | o re | eceived more than \$100, | 000 of reportable | | | | |
| 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 | | | | | | | | | | | 3 | X | |
| 4 For any individual listed on line 1a, is the su | um of reportabl | е со | mpe | ensa | tion | and | oth | ner compensation from t | ne organization | | 4 | Х | |
| and related organizations greater than \$15Did any person listed on line 1a receive or a | | | | | | | | | | ··· | 4 | 71 | |
| rendered to the organization? If "Yes." con | | | | | | | | | | | 5 | Х | |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mpensated ind | lepe | nder | nt cc | ontra | actor | s th | nat received more than \$ | 100.000 of compe | ensati | ion from | | |
| the organization. Report compensation for | | | | | | | | | | | | | |
| (A) Name and business | address | NO | NE | | | | | (B) Description of s | ervices | (C) Compensation | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | + | | | | | | |
| Total number of independent contractors (i \$100,000 of compensation from the organi | · · | ot lin | nited | d to t | | se lis | ted | above) who received mo | ore than | | | | |
| <u> </u> | | | | | | | | | | | Form 990 (| 2021) | |

132008 12-09-21

14360515 131839 A214219

26-1401850

| Part VIII | Statement of Revenue |
|-----------|----------------------|
| | |

| | | | Check if Schedule O c | onta | ains a | response | 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 |
| SS | 1 | <u> </u> | Federated campaigns | | | 1a | | | | | |
| anta | | | | | | 1b | | | | | |
| يخ و | | | | | | | | | | | |
| ts, An | | | Fundraising events | | | 1c | | | | | |
| 를 | | | | | | 1d | | | | | |
| ž, | | | Government grants (contri | | | 1e | | | | | |
| r io | | f | All other contributions, gifts, q | | | | | | | | |
| ig # | | | $similar\ amounts\ not\ included$ | abov | /e | 1f | | | | | |
| 함 | | g | Noncash contributions included in I | ines 1 | 1a-1f | 1g \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | h | Total. Add lines 1a-1f | | | | > | | | | |
| | | | | | | | Business Code | | | | |
| o l | 2 | а | RENTAL INCOME | | | | 518210 | 929,538. | 929,538. | | |
| Ş. | | b | | | | | | | | | |
| Ser | | c | | | | | | | | | |
| Z S | | d | | | | | | | | | |
| gra Re | | | | | | | | | | | |
| Program Service Revenue | | e | All able as assessment as a size of | | | | | | | | |
| _ | | | All other program service r | | | | | 929,538. | | | |
| \rightarrow | | g | Total. Add lines 2a-2f | | | | | 525,550. | | | |
| | 3 | | Investment income (includ | | | | | 307. | | | 307. |
| | | | other similar amounts) | | | | | 307. | | | 307. |
| | 4 | | Income from investment o | | | | · · | | | | |
| | 5 | | Royalties | | 1 | | | | | | |
| | | | | | <u> </u> | i) Real | (ii) Personal | | | | |
| | | | Gross rents | <u>6a</u> | | | | | | | |
| | d | | Less: rental expenses | 6b | | | | | | | |
| | | С | Rental income or (loss) | 6с | | | | | | | |
| | | d | Net rental income or (loss) | | | | <u>,</u> | | | | |
| | | а | Gross amount from sales of | | (i) S | ecurities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| e | | | and sales expenses | 7b | | | | | | | |
| ē | | С | Gain or (loss) | | | | | | | | |
| Pe | | | Net gain or (loss) | | | | > | | | | |
| Other Revenue | | | Gross income from fundraisin | | | | | | | | |
| 됩 | | | including \$ | - | | | | | | | |
| | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | | | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from f | | | | • | | | | |
| | | | Gross income from gaming | | | _ | | | | | |
| | - | _ | Part IV, line 19 | | | | | | | | |
| | | h | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from g | | | | • | | | | |
| | | | Gross sales of inventory, le | | | | | | | | |
| | | _ | and allowances | | | | 9 | | | | |
| | | h | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from s | | | | | | | | |
| | | <u> </u> | Tree meetine of (1666) metric | Jaio | 5 01 111 | voritory . | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | | | | | | |
| nec | - | b | | | | | | | | | |
| ella | | c | | | | | | | | | |
| Si | | | All other revenue | | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | > | | | | |
| | 12 | | Total revenue. See instructio | | | | | 929,845. | 929,538. | 0. | 307. |

132009 12-09-21

Form **990** (2021)

| | 1000 (2021) | BUILDING CORPORATI | ION | 26-14 | 401850 | Page 10 |
|----------|---|-----------------------|-----------------------------|---------------------------------|--------------------|---------|
| | rt IX Statement of Functional Expense | | | | | |
| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | mplete column (A). | | |
| | Check if Schedule O contains a respon | | this Part IX(B) | (C) | (D) | 🔲 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundrais expens | |
| 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 | | | | | |
| 10 | Payroll taxes | | | | | |
| 11 | Fees for services (nonemployees): | | | | | |
| a | Management | | | | | |
| b | Legal | | | | | |
| С. | Accounting | | | | | |
| d | Lobbying | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | |
| f | Investment management fees | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | | | | | |
| 12 | Advertising and promotion | | | | | |
| 13 | Office expenses Information technology | | | | | |
| 14 15 | | | | | | |
| 15 16 | Royalties | | | | | |
| 16 17 | Occupancy | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | |
| .0 | for any federal, state, or local public officials | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | |
| 20 | Interest | 483,422. | 483,422. | | | |
| 21 | Payments to affiliates | , | , | | | |
| 22 | Depreciation, depletion, and amortization | 433,356. | 433,356. | | | |
| 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 | 46,252. | 46,252. | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | All other expenses | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 963,030. | 963,030. | 0. | | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | | |
| | reported in column (B) joint costs from a combined | | | | 1 | |

Form **990** (2021)

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

| Par | τX | Balance Sneet | | | | | |
|-----------------------------|-----------|--|-----------------|-------------------|--------------------------|-------|--------------------|
| | | Check if Schedule O contains a response or | note to any lir | ne in this Part X | | ····· | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 1,554,167. | 2 | 1,561,37 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | or former off | ficer, director, | | | |
| | | trustee, key employee, creator or founder, su | bstantial conf | tributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese persons | · | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified persor | ns (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | | | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or othe | | | | | |
| | | basis. Complete Part VI of Schedule D | | | | | |
| | b | Less: accumulated depreciation | 10b | 4,080,391. | 8,591,921. | 10c | 8,344,42 |
| | 11 | Investments - publicly traded securities | | L | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | e 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | ne 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,595,299. | 15 | 1,508,93 |
| | 16 | Total assets. Add lines 1 through 15 (must e | qual line 33) | | 11,741,387. | 16 | 11,414,73 |
| | 17 | Accounts payable and accrued expenses | | | 238,831. | 17 | 234,61 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 12,419,133. | 20 | 12,129,87 |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| ς, | 22 | Loans and other payables to any current or for | ormer officer, | director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| ם | | controlled entity or family member of any of t | hese persons | · L | | 22 | |
| ן כ | 23 | Secured mortgages and notes payable to uni | oarties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrela | ted third part | ties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables to r | related third | | | |
| | | parties, and other liabilities not included on lin | nes 17-24). Ce | omplete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 12,657,964. | 26 | 12,364,49 |
| | | Organizations that follow FASB ASC 958, o | heck here | ▶ □ | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>a</u> u | 27 | Net assets without donor restrictions | | | 27 | | |
| ра | 28 | Net assets with donor restrictions | | 28 | | | |
| | | Organizations that do not follow FASB ASC | C 958, check | here 🕨 🗓 | | | |
| [| | and complete lines 29 through 33. | | | | | |
| 5 | 29 | Capital stock or trust principal, or current fun | ds | L | -2,470,744. | 29 | -2,511,13 |
| Ser | 30 | Paid-in or capital surplus, or land, building, or | equipment fo | und | 1,554,167. | 30 | 1,561,37 |
| As | 31 | Retained earnings, endowment, accumulated | l income, or c | other funds | 0. | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | [| -916,577. | 32 | -949,76 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 11,741,387. | 33 | 11,414,732 |
| | 33 | TOTAL HADIIILIES AND HET ASSETS/TUTIO DAIANCES | | | 11,711,507, | 33 | Form 99 |

| Pai | 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 | | | 845. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 963, | 030. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -33, | 185. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 916, | 577. |
| 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 | | 949, | 762. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | \Box | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Other SEE SCH. O | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2021) |

SCHEDULE A

(Form 990)

<u>Total</u>

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

2021

Open to Public Inspection

| e of t | the organization | | | | | | Employer | identification number |
|--------|---------------------------------|---|---|--|--|--|--|---|
| | | | | | | | | 26-1401850 |
| rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| organ | nization is not a private found | dation because it is: (| For lines 1 through 12, cl | heck only | one box.) | | | |
| | A church, convention of ch | urches, or association | on of churches described | in sectio | n 170(b)(1 | 1)(A)(i). | | |
| | A school described in sect | tion 170(b)(1)(A)(ii). | (Attach Schedule E (Form | າ 990).) | | | | |
| | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| | A medical research organiz | 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: | | | | | | | |
| | An organization operated for | or the benefit of a co | ollege or university owned | or operat | ed by a go | vernmental ur | nit describe | ed in |
| | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| | A federal, state, or local go | vernment or governn | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| | An organization that norma | ally receives a substa | intial part of its support fr | om a gove | ernmental | unit or from th | e general _l | public described in |
| | section 170(b)(1)(A)(vi). (C | Complete Part II.) | | | | | | |
| | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Part | t II.) | | | | |
| | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | or university or a non-land-o | grant college of agric | culture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| | university: | | | | | | | |
| | An organization that norma | ally receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membershi | p fees, an | d gross receipts from |
| | activities related to its exen | npt functions, subjec | ct to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom gross investment |
| | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | See section 509(a)(2). (Co | mplete Part III.) | | | | | | |
| | An organization organized | and operated exclusi | ively to test for public sat | fety. See | section 50 | 09(a)(4). | | |
| Х | An organization organized | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to car | ry out the | purposes of one or |
| | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section 5 | 609(a)(3). (| Check the box on |
| | lines 12a through 12d that | describes the type o | of supporting organization | and com | plete lines | 12e, 12f, and | 12g. | |
| | | anization operated, s | supervised, or controlled | by its supp | oorted org | anization(s), ty | pically by | giving |
| | the supported organization | on(s) the power to re | gularly appoint or elect a | majority o | of the direc | ctors or trustee | es of the su | upporting |
| | – | complete Part IV, Se | ections A and B. | | | | | |
| X | ☐ Type II. A supporting org | ganization supervised | d or controlled in connect | ion with it | s supporte | ed organizatior | n(s), by hav | /ing |
| | control or management of | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | oorted |
| _ | | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | egrated. A supportin | ng organization operated | in connect | tion with, a | and functionall | y integrate | ed with, |
| | ¬ ''' | | • | | | | | |
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| | • | - | | - | | - | an attentiv | veness |
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| | | | | | | Type I, Type I | I, Type III | |
| | | | nally integrated supporting | ng organiz | ation. | | | |
| | • • | • | | | | | | 1 |
| | | | | (iv) Is the orga | nization listed | (v) Amount of | monetany | (vi) Amount of other |
| , | ., | (ii) Liiv | (described on lines 1-10 | in your governi | ng document? | ` ' | • | support (see instructions) |
| | | | above (see instructions)) | Yes | NO | | | |
| IMENT | m academy | 27 0014120 | 2 | | | | 262 020 | 0. |
| MEN. | T ACADEMY | 27-0014128 | 2 | ^ | | - | 963,030. | 0. |
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| | rt I organ | rt I Reason for Public organization is not a private found A church, convention of chem A school described in section A hospital or a cooperative A medical research organization, and state: An organization operated for section 170(b)(1)(A)(iv). (Compared to the section 170(b)(1)(A)(vi). (Compared to the section 170(b)(A)(a)(b)(1)(A)(vi). (Compared to the section 170(b)(A)(a)(a)(b)(1)(A)(a)(b)(a)(a)(b)(a)(a)(b)(a)(a)(b)(a)(a)(b)(a)(a)(b)(a)(a)(b)(a)(a)(a)(b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a) | rt I Reason for Public Charity Status. rganization is not a private foundation because it is: (A church, convention of churches, or association A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service orgonal A medical research organization operated in concity, and state: An organization operated for the benefit of a consection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governing An organization that normally receives a substate section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable incomes See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusting an organization organized and operated exclusting more publicly supported organizations described lines 12a through 12d that describes the type of the supported organization supervised control or management of the supporting organization. You must complete Part IV, Since II. A supporting organization supervised control or management of the supporting organization organization integrated. A supporting its supported organization(s) (see instructions organization integrated. A supporting its supported organization(s) (see instructions organization integrated. A supporting its supported organization integrated. The organization requirement (see instructions). You must conclude the following information about the supported organization. Provide the following information about the supported organization. | PREASON FOR Public Charity Status. (All organizations must corganization is not a private foundation because it is: (For lines 1 through 12, cl. A church, convention of churches, or association of churches described A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set and a medical research organization operated in conjunction with a hospital city, and state: An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its suppactivities related to its exempt functions, subject to certain exceptions; income and unrelated business taxable income (less section 511 tax) from See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public satistic supported organization operated exclusively for the benefit of, to more publicly supported organization operated, supervised, or controlled the supporting organization operated, supervised, or controlled the supported organization(s) the power to regularly appoint or elect a organization. You must complete Part IV, Sections A and C. Type II. A supporting organization supervised or controlled in connect control or management of the supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. Type III non-functionally integrated. A supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections Check this box if the | Reason for Public Charity Status. (All organizations must complete the organization is not a private foundation because it is: (For lines 1 through 12, check only | MONUMENT ACADEMY BUILDING CORPORATION Reason for Public Charity Status. (All organizations must complete this part.) Sorganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(A)(A) a medical research organization operated in conjunction with a hospital described in section ity, and state: An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(A) an organization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conju or university or a non-land-grant college of agriculture (see instructions). Enter the name, city university: An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acqui See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the function more publicly supported organization operated in section 509(a)(1) or section 509(a)(2). lines 12a through 12d that describes the type of supporting organization and complete lines Type II. A supporting organization operated, supervised, or controlled by its supported organization of organization supervised or controlled in connection with its supported or | RONUMENT ACADEMY BUILDING CORPORATION **Reason for Public Charity Status.* (All organizations must complete this part.) See instruction organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). An organization operated for the benefit of a college or university owned or operated by a governmental ural section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(vi) operated in conjunction with a or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membersh activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) An organization organization organization operated exclusively to test for public safety. See section 509(a)(4). An organization organization operated exclusively for the benefit of, to perform the functions of, or to call more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). S | MONDMENT ACADEMY BUILDING CORPORATION It Reason for Public Charify Status. (All organizations must complete this part.) See instructions. organization is not a private foundation because it is: (For lines it through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 501(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(2). (See |

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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.)

| <u> </u> | tion A. Public Support | | | | | | |
|----------|---|---------------------|-----------------------|---------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | 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. | | | | | | |
| | etion B. Total Support | | | | 1 | T | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | · · | | • | • | . , . , | . — |
| Sac | organization, check this box and stop etion C. Computation of Publi | | | | | | _ |
| | | | | a aluman (f)) | | 14 | 0/ |
| | Public support percentage for 2021 (li | | | **** | | 15 | <u>%</u> |
| | Public support percentage from 2020 33 1/3% support test - 2021. If the content is the content in the content is the content in the content | | | | | | % x and |
| 10a | | | | | | | ▶ □ |
| h | stop here. The organization qualifies 33 1/3% support test - 2020. If the o | | - | | | or more check th | |
| b | and stop here. The organization qual | - | | | | | |
| 170 | 10% -facts-and-circumstances test | | | | | | |
| 11 a | | - | | | | | |
| | and if the organization meets the facts meets the facts-and-circumstances te | | | - | | - | ▶ □ |
| h | 10% -facts-and-circumstances test | _ | | | - | 17a and line 15 is | |
| b | more, and if the organization meets the | - | | | | | 10/0 UI |
| | organization meets the facts-and-circu | | | | | | |
| 12 | Private foundation. If the organization | | - | | · · · · · · | | |
| 10 | Trivate loundation. If the organization | TI GIG TIOL CHECK A | DOX OIT III IC 13, 10 | a, 100, 17a, 01 171 | b, check this bux a | | /Form 000\ 0001 |

Schedule A (Form 990) 2021

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.)

| Se | ction A. Public Support | , | | | | | |
|------|--|---|-------------------|---|----------|----------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| - | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | T | T | T | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | 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 on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 10 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | rot opening their | foundly an extra to | l | 01(a)(2) | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | | |
| Sec | check this box and stop here ction C. Computation of Publi | | | • | | | |
| | Public support percentage for 2021 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2020 | , | , | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 | 70 |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| - | more than 33 1/3%, check this box ar | | | | | | . — |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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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| Pa | rt IV Supporting Organizations (continued) | | | |
|--------|---|-----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | х |
| b | A family member of a person described on line 11a above? | 11b | | Х |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | х |
| Sec | ction 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 | | 100 | 110 |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | stion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | х | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | 110 |
| • | 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 | | | |
| | · · | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2 | | |
| Sec | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | | | l |
| 1 | | | | |
| ' a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | | | |
| c | | | \ | |
| 2 | Activities Test. Answer lines 2a and 2b below. | struction | Yes | No |
| | | | 163 | NO |
| а | | | | |
| | 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 | 00 | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| L. | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | OI- | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | - | | |
| | of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard | 3b | . ' | ı |

2021.05080 MONUMENT ACADEMY BUILDING A2142191

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | izations | |
|------|---|----------------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N | Nov. 20, 1970 (explain in I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete | 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 | | |
| С | 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 | ally integrate | d Type III supporting orga | nization (see |
| | instructions). | | | |

Schedule A (Form 990) 2021

| Par | rt V | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | ınizations _{(continu} | ed) | |
|-------|---------|---|---------------------------------------|--------------------------------|-----|----------------------------------|
| Sect | ion D - | Distributions | | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | | nts paid to perform activity that directly furthers exemp | | | | |
| | organi | zations, in excess of income from activity | | | 2 | |
| 3 | Admin | istrative expenses paid to accomplish exempt purpose | s of supported organizations | s | 3 | |
| 4 | | nts paid to acquire exempt-use assets | | | 4 | |
| 5 | | ied set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | | distributions (describe in Part VI). See instructions. | , , , , , , , , , , , , , , , , , , , | | 6 | |
| 7 | | annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | | outions to attentive supported organizations to which the | ne organization is responsive | | | |
| | | de details in Part VI). See instructions. | 3 | | 8 | |
| 9 | | outable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | | amount divided by line 9 amount | | | 10 | |
| | | | (i) | (ii) | | (iii) |
| Secti | ion E - | Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | s | Distributable Amount for 2021 |
| _1_ | Distrib | outable amount for 2021 from Section C, line 6 | | | | |
| 2 | Under | distributions, if any, for years prior to 2021 (reason- | | | | |
| | able c | ause required - explain in Part VI). See instructions. | | | | |
| 3 | Exces | s distributions carryover, if any, to 2021 | | | | |
| a | From 2 | 2016 | | | | |
| b | From 2 | 2017 | | | | |
| С | From 2 | 2018 | | | | |
| d | From 2 | 2019 | | | | |
| е | From 2 | 2020 | | | | |
| f | Total | of lines 3a through 3e | | | | |
| g | Applie | ed to underdistributions of prior years | | | | |
| h | Applie | ed to 2021 distributable amount | | | | |
| i | Carryo | over from 2016 not applied (see instructions) | | | | |
| | Remai | inder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distrib | outions for 2021 from Section D, | | | | |
| | line 7: | \$ | | | | |
| a | Applie | ed to underdistributions of prior years | | | | |
| | | ed to 2021 distributable amount | | | | |
| | Remai | inder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | | ining underdistributions for years prior to 2021, if | | | | |
| | | subtract lines 3g and 4a from line 2. For result greater | | | | |
| | | ero, explain in Part VI. See instructions. | | | | |
| 6 | | ining underdistributions for 2021. Subtract lines 3h | | | | |
| | | o from line 1. For result greater than zero, explain in | | | | |
| | | 1. See instructions. | | | | |
| 7 | | s distributions carryover to 2022. Add lines 3j | | | | |
| • | and 4 | | | | | |
| 8 | | down of line 7: | | | | |
| | | s from 2017 | | | | |
| | | s from 2018 | | | | |
| | | s from 2019 | | | | |
| | | s from 2020 | | | | |
| | | s from 2021 | | | | |
| | | | | | | |

Schedule A (Form 990) 2021

| Part VI | Supplemental Information Design and the second seco |
|----------|--|
| T dit VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2021

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

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Distributions during the year

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

(a) Current year

Loan or exchange program

Other

(b) Prior year

b

С

collection items (check all that apply):

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Public exhibition

1a Beginning of year balance

Other expenditures for facilities

Permanent endowment Term endowment

Contributions _____ Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses End of year balance

Board designated or quasi-endowment

Scholarly research

| | The percentages on lines 2a, 2b, and 2c should equal 100%. | |
|----|---|--------|
| За | Are there endowment funds not in the possession of the organization that are held and administered for the organization | |
| | by: | |
| | (i) Unrelated organizations | 3a(i) |
| | (ii) Related organizations | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b |

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10,

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 718,527. | | 718,527. |
| b Buildings | | 11,706,289. | 4,080,391. | 7,625,898. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990 Part X colun | nn (B) line 10c) | • | 8,344,425. |

Schedule D (Form 990) 2021

| (b) Book value | 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost | or end-of-year market value |
|----------------------|---|-----------------------------|
| m 990, Part IV, line | (c) Method of valuation: Cost | or end-of-year market value |
| m 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
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| (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
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| | 11d. See Form 990, Part X, line 15. | |
| • | | (b) Book value |
| REFUNDING | | 1,508, |
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| | | |
| <u></u> | | 1,508, |
| | | |
| m 990, Part IV, line | 11e or 11f. See Form 990, Part X, I | |
| | | (b) Book value |
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| | iption REFUNDING | |

Schedule D (Form 990) 2021

26-1401850

| Pa | rt XI Reconciliation of Revenue per Audited Financial | | enue per Re | turn. | |
|---------|--|---------------------------------------|--------------|----------------|---------------|
| | Complete if the organization answered "Yes" on Form 990, Part | t IV, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statement | ts | | 1 | 929,845. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| а | 3 | | | | |
| b | | | | | |
| С | . , , , , , , , , , , , , , , , , , , , | | | | |
| d | , | 2d | | | |
| е | • | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 929,845. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| а | , | | | | |
| b | , | 4b | | | |
| С | | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin | ne 12.) | | 5 | 929,845. |
| Pa | rt XII Reconciliation of Expenses per Audited Financia | | penses per h | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part | | | | 200 620 |
| 1 | | | | 1 | 922,638. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | |
| a | | | | | |
| b | • | | | | |
| С | | | 425 000 | | |
| d | , | · · · · · · · · · · · · · · · · · · · | 435,000. | | 435 000 |
| e | • | | | 2e | 435,000. |
| 3 | Subtract line 2e from line 1 | | | 3 | 487,638. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | | |
| a | , | | 475,392. | | |
| b | | | | 4. | 475,392. |
| c | | | | 4c | 963,030. |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information. | <u>line 18.)</u> | | 5 | 303,030. |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | | | ; Part X, line | e 2; Part XI, |
| PART | T XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| DEBT | T PAYMENTS | 435,000. | | | |
| PART | F XII, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| DEPI | RECIATION AND AMORTIZATION | 433,356. | | | |
| INTE | EREST PAYABLE | -4,216. | | | |
| CAPI | ITAL OUTLAYS | 46,252. | | | |
| TOTA | AL TO SCHEDULE D, PART XII, LINE 4B | 475,392. | | | |
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| Schedule D (Form 990) 2021 | MONUMENT ACADEMY BUILDING CORPORATION | 26-1401850 | Page 5 |
|---|---------------------------------------|------------|---------------|
| Schedule D (Form 990) 2021 Part XIII Supplemental Info | rmation (continued) | | |
| | Continued) | | |
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SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

SEE PART VI FOR COLUMN (F) CONTINUATIONS

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

Bond Issues

Employer identification number 26-1401850 MONUMENT ACADEMY BUILDING CORPORATION

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ue price | (f) Description of purpose | | (g) De | (g) Defeased (h) On beha of issuer | | | | |
|--|------------------------------------|------------|-----------------|-----------|----------|----------------------------|------------|--------|---------------------------------------|--------|---|----|----------|
| | | | | | | | | Yes | No | Yes | | | No |
| COLORADO EDUCATIONAL AND CULTURAL | | | | | | ADVANCE REF | JNDING OF | 1.00 | | | | | |
| A FACILITIES AUTHORITY | 84-0896727 | 19645RZQ7 | 12/19/14 | 14,6 | 58,163. | SERIES 2007A AND 2008A AN | | AN | х | | х | | х |
| | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | 1 |
| D | | | | | | | | | | | | | |
| Part II Proceeds | | | <u> </u> | | T | | | | | | | | |
| | | | <i>F</i> | • | | В | С | | | | D | | |
| Amount of bonds retired | | 2 | ,605,000. | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | ,658,163. | | | | | | | | | |
| | Total proceeds of issue | | | | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | 932,137. | | | | | | | | | |
| 5 Capitalized interest from proceeds | Capitalized interest from proceeds | | | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | 13 | ,351,786. | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | 374,239. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | |
| 13 Year of substantial completion | | | | 2014 | | | ļ <u> </u> | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | + | No | |
| 14 Were the bonds issued as part of a refunding | | | | | | | | | | | | | |
| if issued prior to 2018, a current refunding iss | | | Х | | | | | | _ | | _ | | |
| 15 Were the bonds issued as part of a refunding | | | | | | | | | | | | | |
| issued prior to 2018, an advance refunding is: | | | | X | | | | | _ | | _ | | |
| 16 Has the final allocation of proceeds been made | | | Х | | | | | | | | _ | | |
| Does the organization maintain adequate boo | ks and records to su | pport the | <u></u> | | | | | | | | | | |
| final allocation of proceeds? LHA For Paperwork Reduction Act Notice, see t | | | Х | | | | | | | dule K | | | |

| Pai | t III Private Business Use | | | | | | | | |
|-----|---|-------|----------|----------|--------------|-----|-----|---------------|----------|
| | | | A | | В | | C | ľ | 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? | | Х | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | х | | | | | l | |
| За | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | | x | | | | | l | |
| 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? | | | | | | | l | |
| | Are there any research agreements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | x | | | | | l | |
| 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? | | | | | | | l | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | 1 | | 1 | | | | |
| 7 | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | l | 0/2 |
| | Enter the percentage of financed property used in a private business use as a | | 70 | | /0 | | 70 | | |
| 3 | result of unrelated trade or business activity carried on by your organization, | | | | | | | l | |
| | another section 501(c)(3) organization, or a state or local government | | % | | % | | % | l | % |
| 6 | | % | | | | % | | | |
| | Total of lines 4 and 5 | | | | % | | 70 | | <u>%</u> |
| 7 | Does the bond issue meet the private security or payment test? | | <u> </u> | | | | | | 1 |
| ŏa | Has there been a sale or disposition of any of the bond-financed property to a non- | | x | | | | | l | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | | | L | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | |
| | disposed of | | <u>%</u> | | <u>%</u> | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | + | | | | | <u> </u> | |
| 9 | учет и и и и и и и и и и и и и и и и и и и | | | | | | | l | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | l | |
| _ | requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |
| Pai | t IV Arbitrage | | | T | | | | | |
| | | A B C | | <u> </u> | 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? | | Х | | | | | | |
| _2 | If "No" to line 1, did the following apply? | | | | | | | | _ |
| a | Rebate not due yet? | | Х | | | | | | |
| b | Exception to rebate? | | Х | | | | | | |
| c | No rebate due? | Х | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | | | | | |
| | | | | | | | Cal | andula V /Car | 000/ 000 |

| Part IV Arbitrage (continued) | | | | | | | | | |
|---|-------------|-----------------|----------|----|-----|----|-----|----|--|
| | | Α | | В | | С | |) | |
| 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? | | Х | | | | | | | |
| 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? | X | | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | | |
| | , | Α | | В | | С | 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 | | | | | | | | | |
| voluntary closing agreement program if self-remediation isn't available under | | | | | | | ı | | |
| applicable regulations? | X | | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedule | e K. See instri | uctions. | | | | | | |
| 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 0 (Form 990)

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 Form 990-EZ.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 26-1401850 MONUMENT ACADEMY BUILDING CORPORATION FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. 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 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

Schedule O (Form 990) 2021

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

| Scriedule O (Form 990) 2021 | Face Level identification and a |
|--|---|
| Name of the organization MONUMENT ACADEMY BUILDING CORPORATION | Employer identification number 26-1401850 |
| 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 SINCE THE PRIOR YEAR. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

MONUMENT ACADEMY BUILDING CORPORATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

26 - 1401850

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | or Total inco | eme End-of-yea | | Direct c | (f) ontrolling ntity | 9 |
|--|----------------------------------|---|-------------------------------|---------------------------------------|---------|---------------------------------|-----------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiza organizations during the tax year. | tions. Complete if the organizat | tion answered "Yes" on Form 990 |), Part IV, line 34, I | pecause it had one | or more | related tax-exer | mpt | |
| (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 | Direc | (f) et controlling entity | II. | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(3)) | | | Yes | No |
| ONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 | | | | | | | | |
| 150 VILLAGE RIDGE POINT | | | | | | | | |
| ONUMENT, CO 80132 | school | COLORADO | 501(C)(3) | LINE 2 | N/A | | | Х |
| ONUMENT ACADEMY FOUNDATION - 51-0506848 | | | | | | | | |
| 150 VILLAGE RIDGE POINT | 1 | | | | | | | |
| MONUMENT, CO 80132 | SCHOOL SUPPORT | COLORADO | 501(C)(3) | LINE 12A, I | MONUME | NT ACADEMY | | Х |
| | | | | | | | | |
| | - | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| | 11 mm m (D1) 10 1 m T 11 D1 11 | 0 - - - - - - - - | IIX/II F 000 | D - + N / P 0 4 | to a contract the first of the contract of the |
|-----------|---|---------------------------------------|-------------------|---------------------|--|
| David 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 |
| Part III | organizations treated as a partnership during the tax year. | | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule | (j) General managir partner | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------|---|---------------------------------|--|-----------------------------------|----|---|--------------------------------------|--------------------------|
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | 0 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (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 | entity: | |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|---------|----|
| | | country | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

| 1 | During the tax year, did the organization engage in any of the following transactions with one or | more r | elated organizations listed | in Parts II-IV? | | | |
|-----------|---|-----------|-----------------------------|---------------------------------------|-------|----------|-------------|
| | 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 |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| d | d Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| · | 2 Edulo of four guaranteed by foliated organization (b) | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| | g Sale of assets to related organization(s) | | | | 1g | | Х |
| | Purchase of assets from related organization(s) | | | | 1h | | Х |
| | Exchange of assets with related organization(s) | | ••••• | | 1i | | x |
| ÷ | Lease of facilities, equipment, or other assets to related organization(s) | | ••••• | | 1j | х | |
| , | Ecase of facilities, equipment, or other assets to related organization(s) | | | | ٠, | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | х |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | х | |
| ' ~ | n Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Х | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | |
| | | | | | 10 | Х | |
| Ü | Sharing of paid employees with related organization(s) | | | | 10 | | |
| n | Reimbursement paid to related organization(s) for expenses | | | | 1p | | х |
| | Reimbursement paid to related organization(s) for expenses | | | | 1q | | X |
| ч | 7 heimbursement paid by related organization(s) for expenses | | | | 14 | | |
| _ | Other transfer of cash or property to related organization(s) | | | | 1r | | Х |
| | Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| | | | | | 13 | <u> </u> | |
| | | ipiete ti | | | | | |
| | (a) (b) Name of related organization Transac type (a | | (c) Amount involved | (d) Method of determining amount invo | olved | | |
| | | | | | | | |
| 1) | | | | | | | |
| •, | | | | | | | |
| 2) | | | | | | | |
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| 3) | | | | | | | |
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| 4) | | | | | | | |
| 5) | | | | | | | |
| <u>-,</u> | | | | | | | |
| 6) | | | | | | | |
| | | | | | | | |

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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprotion allocat | por- ate ions? | | Gener mana partn Yes | (kal or Perceiging owne | k) entage ership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|----------------------|----------|-------------------------------|-------------------------|------------------------|
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132165 11-17-21 Schedule R (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 instructions. Taxpayer identification number (TIN) print MONUMENT ACADEMY FOUNDATION 51-0506848 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1150 VILLAGE RIDGE POINT return. See 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** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (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-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) GLENN GUSTAFSON 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 group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

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

OMB No. 1545-0047

▶ 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.

JUL 1, 2021

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

and ending JUN 30, 2022

Open to Public Inspection

| В | Check if applicab | C Name of organization | | D Employer identi | fication number |
|---------------|-------------------------|---|---------------|---|--|
| | Addre | | | | |
| | Name | | | 51-050684 | 8 |
| | chang Initial | Doing business as Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numb | |
| | returr Final | 1150 VILLAGE RIDGE POINT | NUUIII/Suite | 719-481-195 | |
| | returr termi ated | | | G Gross receipts \$ | 728,565. |
| | Amer | ded MONITMENT CO 80132 | | H(a) Is this a group | |
| | returr Appli | · | | for subordinate | |
| | tion pend | SAME AS C ABOVE | | H(b) Are all subordinates | |
| $\overline{}$ | Тах-ех | empt status: $\boxed{\mathbf{X}}$ 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) | or 527 | 1 ` ´ | a list. See instructions |
| | | te: WWW.MONUMENTACADEMY.NET | 01 021 | H(c) Group exempt | |
| | | forganization: X Corporation Trust Association Other | L Year | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | M State of legal domicile: CO |
| | art I | Summary | 1= .00. | | otato or rogar dominoro, |
| | <u> 1</u> | Briefly describe the organization's mission or most significant activities: PROVID | E FINANCI | AL SUPPORT FOR | |
| Governance | <u> </u> | THE DAY TO DAY OPERATIONS OF MONUMENT ACADEMY. | | | |
| Š | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its net a | ssets. |
| ğ | 3 | | | | 1 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | |
| ď | 5 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 0 |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | | 50 |
| ŧ | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| a | 8 | Contributions and grants (Part VIII, line 1h) | | 0 | . 0. |
| Š | 9 | Program service revenue (Part VIII, line 2g) | | 0 | , . |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 4,989 | 3,434. |
| α | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | • |
| _ | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,989 | . 728,565. |
| | 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. |
| ų | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0 | . 0. |
| Fynancae | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | . 0. |
| 2 | <u>}</u> b | Total fundraising expenses (Part IX, column (D), line 25) | | | |
| Ú | ^j 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,555,225 | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,555,225 | |
| _ | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -2,550,236 | -1,266,478. |
| 3 OF | Ses | | Ве | ginning of Current Year | |
| Assets | 20 | Total assets (Part X, line 16) | | 24,639,439 | |
| it As | 21 | Total liabilities (Part X, line 26) | | 28,950,000 | |
| Net | | Net assets or fund balances. Subtract line 21 from line 20 | | -4,310,561 | 5,577,039. |
| | art II | Signature Block | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | | • | ny knowledge and belief, it is |
| tru | e, corre | xt, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | Signature of officer | | I Date | |
| Siç | | ļ [*] | | Dαιο | |
| He | re | KIMBERLY MCCLELLAND, INTERIM COO/EXECUTIVE DIRECTOR Type or print name and title | | | |
| | | | Тг | Date Check | PTIN |
| D-1 | ч | Print/Type preparer's name Preparer's signature BECKY DETTMANN, CPA BECKY DETTMANN, CPA | | - (4 - (02) if | L |
| Pai | | | <u> </u> | 1 | loyed F01406365 41-0746749 |
| | parer | | | Firm's EIN ▶ | 1-U/4U/4J |
| US | Only | Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111 | | Dhon /2 | 03) 779-5710 |
| | v tha ! | · · · · · · · · · · · · · · · · · · · | | I Phone no. (3 | |
| 100 | oo 1 10 1 | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Pa | rt III Statement of Program Service Acco | - | | |
|----|--|------------------------------------|--|------------------------|
| | Check if Schedule O contains a response or no | te to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | | |
| | THE CORPORATION IS ORGANIZED AND SHALL | | | |
| | EDUCATIONAL AND CHARITABLE PURPOSES WIT | | | |
| | 501(C)(3) OF THE INTERNAL REVENUE CODE, | | | |
| | PURPOSE OF LEASING OR HOLDING TITLE TO | REAL AND/OR PERSONAL PRO | OPERTY | |
| 2 | Did the organization undertake any significant progra | m services during the year which | h 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 signi | ficant changes in how it conduc | cts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | | | |
| 4 | Describe the organization's program service accompl | lishments for each of its three la | rgest program services, as measured l | oy expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are requ | ired to report the amount of gra | nts and allocations to others, the total | expenses, and |
| | revenue, if any, for each program service reported. | | | |
| 4a | (Code:) (Expenses \$ 1,995,04 | 13. including grants of \$ | 0. (Revenue \$ | 725,131.) |
| | PROVIDED FINANCIAL SUPPORT FOR THE DAY | | | , |
| | MONUMENT ACADEMY. | | | |
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| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4- | /- \ | | \ /= | \ |
| 4c | (Code:) (Expenses \$ | including grants of \$ | |) |
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| | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | |
| | (Expenses \$ including grants | s of \$ |) (Revenue \$ |) |
| 46 | Total program service expenses | 1,995,043. | , 1 | , |
| | | <u> </u> | | Form 990 (2021) |
| | | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8_ | | 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 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| _ | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | l | | ., |
| | 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 | | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Λ |
| 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 | 115 | | х |
| 120 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | |
| ıza | Schedule D, Parts XI and XII | 12a | | х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | | |
| b | 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 | | Х |
| 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | Х |

132003 12-09-21

Form **990** (2021)

| Part IV | Checklist of Required Schedules | (continued) |
|---------|---------------------------------|-------------|
| | | |

| ı aı | Officerist of required scriedules (continued) | | | |
|-------------|---|------------|-----|-------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | 23 | | x |
| 24 2 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 2 70 | 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 | | х |
| | 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 |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 200 | | |
| C | "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 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | <u> </u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| 27 | 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 | 27 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | 1 00 | | |
| | 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 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 132004 | 12-09-21 | Form | 990 | (2021) |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|--------|---|-----|-----|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| 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 a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? 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 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 | | | |
| | Enter the amount of reserves on hand Did the experience on a power to print our topping on view diving the top year? | 44- | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| 15 | | 15 | | x |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

MONUMENT ACADEMY FOUNDATION Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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?

Section C. Disclosure

NONE List the states with which a copy of this Form 990 is required to be filed >

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Another's website X Upon request Own website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records GLENN GUSTAFSON - 719-481-1950 1150 VILLAGE RIDGE POINT, MONUMENT 80132 CO

| | Form 990 | (2021) |
|--|-----------------|--------|

| Check if Schedule O contains a response or note to any line in this Part VII | |
|--|--|
| | |

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

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

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

| X Check this box if neither the organization r | 1 | orga | nıza | | | iper | isate | 1 | | (E) |
|--|-------------------|--------------------------------|---------------------------|---------|--------------|---------------------------------|--------|----------------------|---------------------------|-----------------|
| (A) | (B) | | | Pos | C) ition | 1 | | (D) | (E) | (F) |
| Name and title | Average | | not c | heck | more | than o | | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both r/trus | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direct | | | | _ | | organization | (W-2/1099-MISC/ | from the |
| | related | e 0 r | stee | | | sate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | Individual trustee or director | al frus | | yee | m per | | 1099-NEC) | 10001120) | and related |
| | below | dual | ution | _ | old m | st co | ie. | , | | organizations |
| | line) | Indivi | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | · · |
| (1) CHRIS DOLE | 0.40 | | | | | | | | | |
| PRESIDENT | 10.40 | х | | х | | | | 0. | 0. | 0. |
| (2) MARC MCWILLIAMS | 0.40 | | | | | | | | | |
| SECRETARY | 0.40 | х | | х | | | | 0. | 0. | 0. |
| (3) JOE BUCZKOWSKI | 0.20 | | | | | | | | | |
| DIRECTOR | 5.20 | Х | | | | | | 0. | 0. | 0. |
| (4) MELANIE STROP | 0.20 | | | | | | | | | |
| DIRECTOR | 0.20 | Х | | | | | | 0. | 0. | 0. |
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Form 990 (2021)

| Form 990 (2021) MONUMENT ACAI | | | | | | | | | 51-05 | 0684 | 8 | Pa | age 8 |
|--|--|--------|-----------------|--------------------------|--------------------------|--|------------|---|--|--------|--|---|-----------------------------|
| Part VII Section A. Officers, Directors, Trus | l | oloy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | box | not c , unle | Posi heck i ss per | more rson i irecto | Highest compensated than complete the second than the second that the second t | an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC) | 3 | Est amo comp fro orga and | (F) imate ount of other oensation the inization | of tion e on ed |
| | iiiie) | luc | <u>si</u> | HO | Ke | e Ė | 요 | | | | | | |
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| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 Total number of individuals (including but no | | | | | | | o re | eceived more than \$100, | 000 of reportable | | | | |
| compensation from the organization | | | | | | | | | | | | Yes | 0 No |
| 3 Did the organization list any former officer, | director, trust | ee, k | ey e | empl | ove | e, or | hig | hest compensated empl | oyee on | ſ | | 163 | NO |
| line 1a? If "Yes," complete Schedule J for si | | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | 4 | | х |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest contractors | managet ad inc | lono | ndo | ot 00 | ntro | noto | n th | act received more than \$ | 100 000 of comp | oncot | ion from | <u> </u> | |
| the organization. Report compensation for t | - | - | | | | | | | · · · · · · · · · · · · · · · · · · · | CIISAI | .1011 1101 | " | |
| (A) | addraga | | | | | | | (B) | om dooo | _ | (C) | | |
| Name and business | address | NO | NE | | | | \dashv | Description of s | ervices | | ompen | Salioi | - |
| | | | | | | | | | | | | | |
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| | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ū | ot lin | nited | d to t | | se lis | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organiz | ZatiOH 🚩 | | | | | | | | | | Form 9 | 90 (2 | 2021) |

| nu | 0 |
|-----|-----|
| INT | A |
| | ENT |

| | | | Check if Schedule O contains a | response o | or note to any lin | e in this Part VIII | | | |
|--|----|---|---|---|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | onesia e semana | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| (2.12 | | _ | Federated conscions | | | | | | 000110110 0 12 0 1 1 |
| ints | | | Federated campaigns | | | | | | |
| Gra | | | Membership dues | 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events | 1c | | | | | |
| ig ë | | | Related organizations | 1d | | | | | |
| ns, jim | | | Government grants (contributions) | 1e | | | | | |
| er S | | f | All other contributions, gifts, grants, and | l I | | | | | |
| ig # | | | similar amounts not included above \dots | 1f | | | | | |
| dit | | g | Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| <u>ဒိ မ</u> | | h | Total. Add lines 1a-1f | | | | | | |
| | | | | | Business Code | | | | |
| ø | 2 | а | LEASE INCOME | | 532000 | 725,131. | 725,131. | | |
| zi 🤄 | | b | | | | | | | |
| Program Service Revenue | | С | | | | | | | |
| am | | d | | | | | | | |
| Beg | | е | | | | | | | |
| Pro | | f | All other program service revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | 725,131. | | | |
| | 3 | 3 | Investment income (including divide | | | , | | | |
| | Ŭ | | other similar amounts) | | | 3,434. | | | 3,434. |
| | 4 | | Income from investment of tax-exer | | | , , , , , , | | | , , , , , , |
| | 5 | | | | · · | | | | |
| | 5 | | Royalties | (i) Real | (ii) Personal | | | | |
| | _ | | | (i) i icai | (ii) i ersonai | | | | |
| | | | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | | | | | | | |
| | 7 | а | (/ | Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| Jue | | | and sales expenses 7b | | | | | | |
| Ş. | | С | Gain or (loss) 7c | | | | | | |
| Be | | | Net gain or (loss) | | <u></u> | | | | |
| ther Revenue | 8 | а | Gross income from fundraising events including \$ | _ | | | | | |
| Ò | | | | - | | | | | |
| | | | contributions reported on line 1c). S | I . | | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from fundraisir | | P | | | | |
| | 9 | а | Gross income from gaming activities | I | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming a | | D | | | | |
| | 10 | а | Gross sales of inventory, less return | I | | | | | |
| | | | and allowances | | | | | | |
| | | b | Less: cost of goods sold | 10b | | | | | |
| _ | | С | Net income or (loss) from sales of in | nventory | | | | | |
| S | | | | | Business Code | | | | |
| on e | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| Sell | | С | | | | | | | |
| Ais. B | | d | All other revenue | | | | | | |
| | | е | Total. Add lines 11a-11d | | > | | | | |
| | 12 | | Total revenue. See instructions | | | 728,565. | 725,131. | 0. | 3,434. |

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 (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 13. 13. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,451,725. 1,451,725. 20 Payments to affiliates _____ 21 543,305. 543,305. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses Total functional expenses. Add lines 1 through 24e 1,995,043 1,995,043 0 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

| Par | t X | Balance Sneet | | | | | |
|-----------------------------|-----|--|------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or r | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,760. | 1 | 1,75 |
| | 2 | Savings and temporary cash investments | | | 1,902,101. | 2 | 1,178,93 |
| | 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, sub | stantial o | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| 'n | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| A | 9 | B | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | . [| | | | |
| | | basis. Complete Part VI of Schedule D | . 10a | 23,278,884. | | | |
| | b | Less: accumulated depreciation | | | 22,735,578. | 10c | 22,192,27 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | e 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 24,639,439. | 16 | 23,372,96 |
| | 17 | Accounts payable and accrued expenses | | 17 | | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 28,950,000. | 20 | 28,950,00 |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| ္ပ | 22 | Loans and other payables to any current or fo | rmer offic | cer, director, | | | |
| <u> </u> | | trustee, key employee, creator or founder, sub | stantial o | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | ons | | 22 | | |
| 5 | 23 | Secured mortgages and notes payable to unr | elated thi | rd parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ted third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables | to related third | | | |
| | | parties, and other liabilities not included on lin | es 17-24) |). Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 28,950,000. | 26 | 28,950,00 |
| | | Organizations that follow FASB ASC 958, c | heck her | e ▶ □ | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | | | | 27 | |
| ра | 28 | Net assets with donor restrictions | | | | 28 | |
| ┇│ | | Organizations that do not follow FASB ASC | 958, che | eck here 🕨 🗓 | | | |
| 된 | | and complete lines 29 through 33. | | | | | |
| 5 | 29 | Capital stock or trust principal, or current fund | ds | | -6,212,662. | 29 | -6,755,97 |
| 26 | 30 | Paid-in or capital surplus, or land, building, or | | | 6,485. | 30 | 6,49 |
| As | 31 | Retained earnings, endowment, accumulated | income, | or other funds | 1,895,616. | 31 | 1,172,43 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | -4,310,561. | 32 | -5,577,039 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 24,639,439. | 33 | 23,372,961 |

Form **990** (2021)

| 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 | | 728, | 565. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | ,995, | 043. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | ,266, | 478. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -4 | ,310, | 561. |
| 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 | -5 | ,577, | 039. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Cother SEE SCH. O | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| - | | | Form | 990 | (2021) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

MONUMENT ACADEMY FOUNDATION 51-0506848 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) MONUMENT ACADEMY 27-0014128 2 Х 1,995,043 1,995,043 0. Total

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | • • | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| 3 | 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. | | | | | | |
| | ••• | (-) 0047 | (1-) 0040 | (-) 0040 | (4) 0000 | (-) 0004 | (f) T-+-! |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| | 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 the | ne organization's fi | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | > |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2020 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2021. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶□ |
| b | 33 1/3% support test - 2020. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | est. The organizatio | n qualifies as a pu | blicly supported o | rganization | | ▶ □ |
| b | 10% -facts-and-circumstances test | _ | • | | - | | |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circle | | | | | | ▶ □ |
| 18 | Private foundation. If the organization | | - | • | | | • • • • • • • • • • • • • • • • • • • |
| | | | ,, | , ,, 11 ~ | , | | (Form 990) 2021 |

Schedule A (Form 990) 2021

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.)

| Secti | ion A. Public Support | low, picase comp | nete i art ii.j | | | | |
|------------------------|---|--------------------|--------------------|----------------------|---------------------|---------------------|-------------|
| Calend | ar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| n | Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no | | | | | | |
| n fo a | aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose | | | | | | |
| а | Gross receipts from activities that re not an unrelated trade or busness under section 513 | | | | | | |
| iz | ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf | | | | | | |
| 5 T | the value of services or facilities urnished by a governmental unit to the organization without charge | | | | | | |
| | otal. Add lines 1 through 5 | | | | | | _ |
| | mounts included on lines 1, 2, and received from disqualified persons | | | | | | |
| fro ex | mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year | | | | | | |
| сА | add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 A 10a G d s | Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources | (4) 2011 | 10/2010 | (0) 20 10 | (4) 2020 | (6) 202. | (1) 10101 |
| b U (I | Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975 | | | | | | |
| 11 N a | dd lines 10a and 10b | | | | | | |
| 12 C | other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.) | | | | | | |
| | otal support. (Add lines 9, 10c, 11, and 12.) | | | 1 | | | <u> </u> |
| | irst 5 years. If the Form 990 is for the | · · | | | • | | . — |
| | heck this box and stop here | | | | | | > |
| | ion C. Computation of Public | | | . (6) | | 145 | |
| | Public support percentage for 2021 (lin | | • | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2020 | | | | | 16 | % |
| | ion D. Computation of Invest | | | ino 10 pali ima (n) | | 17 | 0/ |
| | nvestment income percentage for 202 | | | | | 17 | <u>%</u> |
| | nvestment income percentage from 2 | | | on line 14 and line | | 18 | % |
| | 3 1/3% support tests - 2021. If the | | | | | - 4.1 | ▶ □ |
| b 3 | nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the | organization did n | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| lii | ne 18 is not more than 33 1/3%, chec | k this box and st | top here. The orga | nization qualifies a | as a publicly supp | orted organization | ▶∐ |
| 20 P | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Pa | TIV Supporting Organizations (continued) | | | |
|--------|--|-----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described on line 11a above? | 11b | | Х |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | ., |
| 800 | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | Х |
| 360 | tion B. Type I Supporting Organizations | | V | |
| _ | | | 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, | | | l |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | l |
| | 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 | 1 | Х | |
| 2 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 | | | l |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | l |
| | supervised, or controlled the supporting organization. | 2 | | х |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | l |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | l |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | l |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | l |
| | 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 | | | l |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | l |
| | 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 | | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. |)- | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | ne) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Struction | Yes | No |
| 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, | | | l |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | l |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | izations | |
|------|---|----------------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N | Nov. 20, 1970 (explain in I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete | 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 | | |
| С | 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 | ally integrate | d Type III supporting orga | nization (see |
| | instructions). | | | |

Schedule A (Form 990) 2021

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | | | |
|-----------|--|-------------------------------|--|---|--|--|
| 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 exempt purposes of supported | | | | | |
| | organizations, in excess of income from activity | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es 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 the | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | | |
| _9_ | Distributable amount for 2021 from Section C, line 6 | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 | | |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| _3_ | Excess distributions carryover, if any, to 2021 | | | | | |
| <u>a</u> | From 2016 | | | | | |
| b | From 2017 | | | | | |
| c | From 2018 | | | | | |
| d | From 2019 | | | | | |
| e | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | | |
| <u>_i</u> | Carryover from 2016 not applied (see instructions) | | | | | |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| _8_ | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| <u> </u> | Excess from 2021 | | | | | |

Schedule A (Form 990) 2021

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
|---------|---|
| | (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MONUMENT ACADEMY FOUNDATION

Employer identification number

Schedule D (Form 990) 2021

51 - 0506848

| organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for far ny other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inse 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P A mount of expenses incurred in the conservation easements is holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P S Does each conservation easement reported on line 2(d) above satisfy |
|--|
| 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautural habitat Protection of natural habitat Protection of natural habitat Preservation of pen space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located P 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year A staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 1 Part IIII |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of |
| 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 |
| 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 |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of |
| |
| |
| provide the following amounts relating to these items: |
| (i) Revenue included on Form 990, Part VIII, line 1 |
| (ii) Assets included in Form 990, Part X |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide |
| |
| the following amounts required to be reported under FASB ASC 958 relating to these items: |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\Bigsim \frac{1}{2} = \fra |

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

| Pa | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, or | Other | Similar | Assets | (contir | nued) | _ |
|----|---|---------------------------------|--------------|---------------|-----------------------|--------------|------------------------|-----------|-----------|------------|---|
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the | following that | make sig | nificant us | se of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | ı 🔲 | Loan or exc | change progra | m | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how th | ey further th | ne organizatio | n's exem | pt purpose | e in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, his | storical trea | sures, or othe | r similar a | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | □ No | o |
| Pa | t IV Escrow and Custodial Arrang | gements. Comple | ete if the | organizatio | n answered " | Yes" on F | orm 990, | Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for c | contribution | s or other ass | ets not in | cluded | | | | |
| | on Form 990, Part X? | | | | | | | \square | Yes | ☐ No | o |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for e | escrow or co | ustodial accou | ınt liabilit | y? | \square | Yes | ☐ No | o |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pa | t V Endowment Funds. Complete i | | | | | | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two years | s back (| d) Three ye | ars back | (e) Four | years back | : |
| 1a | 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 | ent year end balance | e (line 1g | ı, column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment > | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion that | t are held a | nd administere | ed for the | organizat | ion | | | |
| | by: | | | | | | | | | Yes No | , |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as requir | ed on So | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990, | Part X, li | ne 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | ٠, | t or other (other) | | cumulated reciation | t | (d) Boo | k value | |
| 1a | Land | | | 1 | ,546,660. | | | | 1, | 546,660 | |
| b | Buildings | | | 21 | ,732,224. | | 1,086,6 | 11. | 20, | 645,613 | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| е | Other | | | | | | | | | | |
| | l. Add lines 1a through 1e. (Column (d) must e | | X. colum | n (B). line 1 | 0c.) | | | | 22, | 192,273 | |
| | | • | | | - | | | | | | _ |

Schedule D (Form 990) 2021

| Part VII Investments - Other Securities. | | | <u> </u> |
|--|----------------------------|--|-----------------------|
| Complete if the organization answered "Yes" | | | |
| (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.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | /h\ Daak waka |
| | Description | | (b) Book value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | . 15.) | > | |
| Part X Other Liabilities. | , | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | · · · · · · | |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check he | ere it the text of the foothote has been pro | vided in Part XIII L |

Schedule D (Form 990) 2021

| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net urreacting gains (Bosse) or investments b Donated services and use of facilities C Recoveries of prior year grants d Other (Describe in Part XIII) 2 d 2 | Par | t XI Reconciliation of Revenue per Audited Financial S | | enue per Ret | turn. | |
|--|-------|---|------------------------------|---------------------|-------------|----------------|
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2 | | Complete if the organization answered "Yes" on Form 990, Part IV | /, line 12a. | | | |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grafts d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 0. 3 Subtract line 2e from line 1 3 728,565. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 2 b C Other (Describe in Part XIII.) 2 a do do lines 2a through 2d 3 Subtract line 2e from line 1 3 1,451,738. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 1,995,043. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. | 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 728,565. |
| b Donated services and use of facilities 2c 2c 2d 2d 2d 2d 2d 2d | 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| c. Recoveries of prior year grants d Other (Describe in Part XIII.) 2 | а | | | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 728,565. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and information. Part XIII Supplemental Information. Part XIII Jupplemental Information. Part XIII, LINE 4B - OTHER ADJUSTMENTS: | b | | | | | |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I II, line 7b Amounts included on Form 990, Part VIII, line 12) 5 728,565. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I IV, line 12a. 1 Total expenses and losses per audited financial statements 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 2 Cother (Describe in Part XIII) e Add lines 2a through 2d 3 1, 451, 738. 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 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 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 4 Amounts included on Form 990, Part VIII, line 7b 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 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII III | С | | | | | |
| 3 728,565. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c | d | Other (Describe in Part XIII.) | 2d | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 b Prior year adjustments 2 c Other losses d Other (Describe in Part XIII.) 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II. line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, 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. | е | • | | i i | 2e | |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 2 b c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 c 0. 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 1, 995, 043. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PERT XII , LINE 4B - OTHER ADJUSTMENTS: | 3 | Subtract line 2e from line 1 | | | 3 | 728,565. |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b c 10. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d 3 1, 451, 738. 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.) b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 1, 995, 043. Part XIII, Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | 4 | | 1 1 | | | |
| C Add lines 4a and 4b 5 728,565. | а | | | | | |
| Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. | b | Other (Describe in Part XIII.) | 4b | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | С | | | I I | 4c | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 | | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line | 12.) | | | 728,565. |
| 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | Pai | | | penses per R | eturn. | |
| 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.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b for Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | /, line 12a. | T | | |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | 1 | | | | 1 | 1,451,738. |
| b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | 2 | • • • | 1.1 | | | |
| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,451,738. 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | а | | | | | |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | b | | 1 1 | | | |
| e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 1,451,738. 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 4a b Other (Describe in Part XIII.) 4b 543,305. c Add lines 4a and 4b 4c 543,305. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,995,043. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | С | | | | | |
| 3 Subtract line 2e from line 1 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | d | , | | | | • |
| 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.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | i i | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | | 3 | 1,451,/38. |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | 4 | | 1.1 | | | |
| c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) For idea to 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: | | | | E42 20E | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | , | | E42 20E |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | | | |
| 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: | _ | rt XIII Supplemental Information | <u>ne 18.)</u> | | 5 | 1,995,045. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | nd 4; Part IV, lines 1b and | 2b; Part V, line 4; | Part X, lir | ne 2; Part XI, |
| · | lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information | n. | | |
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| , | | | | | | |
| · | равт | T XII I.INE 4B - OTHER ADJUSTMENTS. | | | | |
| DEPRECIATION EXPENSE 543,305. | | , | | | | |
| | DEPF | RECIATION EXPENSE | 543 305. | | | |
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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

Part I Bond Issues

MONUMENT ACADEMY FOUNDATION Employer identification number 51-0506848

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issu | e price | (f) Descript | ion of purpose | (g) De | feased | (h) On of is | | (i) Po | |
|---|--|-------------|-----------------|----------|---------|--------------|----------------|--------|--------|-----------------|---------|--------|----|
| | | | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | CONSTRUCTION | N OF HIGH | | | | | | |
| A PUBLIC FINANCE AUTHORITY | 27-3866124 | 74442EEK2 | 07/09/19 | 28,7 | 25,000. | SCHOOL | | | х | | х | | Х |
| | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| Part II Proceeds | | | | | | | _ | | | | | | |
| | | | Α | | | В | С | | | | D | | |
| 1 Amount of bonds retired | | | | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | | | | |
| 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 proceed | eds | | | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 27 , | 245,235. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | | | | |
| 13 Year of substantial completion | | | | | | | | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | \perp | No | |
| 14 Were the bonds issued as part of a refund | - | · · | | | | | | | | | | | |
| if issued prior to 2018, a current refunding | | | | Х | | | | | | | _ | | |
| Were the bonds issued as part of a refunding issue of taxable bonds (or, if | | | | | | | | | | | | | |
| • | issued prior to 2018, an advance refunding issue)? | | | Х | | | | | | | + | | |
| 16 Has the final allocation of proceeds been | | <u></u> | Х | | | | | | | | + | | |
| 17 Does the organization maintain adequate | books and records to su | ipport the | | | | | | | | | | | |
| final allocation of proceeds? LHA For Paperwork Reduction Act Notice, s | | | Х | | | | | | | dule K | | | |

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

Schedule K (Form 990) 2021 MONUMENT ACADEMY FOUNDATION 51-0506848 Page 2

| Par | t III Private Business Use | | | | | | | | |
|-----|---|-----|----|-----|----|-----|----|-----|----------|
| | | | A | | 3 | (| 0 | |) |
| 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? | | Х | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | Х | | | | | | |
| 3a | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | | Х | | | | | | |
| 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? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | Х | | | | | | |
| 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 | | | | | | | | |
| | 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 | | % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | Х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | |
| | disposed of | | % | | % | | % | | <u>%</u> |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all | | | | | | | | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | Х | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | |
| | | , | Ą | | 3 | (| Ç | |) |
| 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? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | _ | | | | | | |
| а | Rebate not due yet? | Х | | | | | | | |
| b | Exception to rebate? | | Х | | | | | | |
| С | No rebate due? | | X | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | performed | | _ | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | |
| | | | | | | | | | |

Schedule K (Form 990) 2021 MONUMENT ACADEMY FOUNDATION 51-0506848 Page 3

| Par | t IV Arbitrage (continued) | | | | | | | | |
|-----|---|-------------|-----------------|----------|----|-----|----------|-----|----|
| | | | A | ı | В | (| 0 | С |) |
| 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? | | Х | | | | | | |
| b | Name of provider | | | | | | | | |
| | Term of hedge | | | | | | | | |
| | Was the hedge superintegrated? | | | | | | | | |
| | Was the hedge terminated? | | | | | | | | |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b | Name of provider | | | | | | | | |
| | 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> | | |
| Par | t V Procedures To Undertake Corrective Action | | | | | | | | |
| | | | A | I | В | | <u> </u> | |) |
| | 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 | | | | | | | | |
| | voluntary closing agreement program if self-remediation isn't available under | | | | | | 1 | | |
| | applicable regulations? | Х | | | | | | | |
| Par | t VI Supplemental Information. Provide additional information for responses to questions | on Schedule | e K. See instru | uctions. | | | | | |
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SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONUMENT ACADEMY FOUNDATION

Employer identification number 51-0506848

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| FOR MONUMENT ACADEMY D/B/A MONUMENT ACADEMY SECONDARY SCHOOL ("CHARTER |
| SCHOOL"), A NON-PROFIT, PUBLIC CHARTER SCHOOL IN THE STATE OF COLORADO, |
| AND TO OTHERWISE PROVIDE A PUBLIC BUILDING, FACILITIES, AND EQUIPMENT |
| TO THE CHARTER SCHOOL. |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: |
| THE ORGANIZATION HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE |
| GOVERNING BODY. |
| |
| 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. |
| |
| 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:

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

Schedule O (Form 990) 2021

| Name of the organization MONUMENT ACADEMY FOUNDATION | Employer identification number 51-0506848 |
|---|---|
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST | 1 |
| 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 R (Form 990)

Part I

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 FOUNDATION

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

51-0506848

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | | | ome End- | (e) -of-year asse | ets Direct control entity | |) |
|---|-------------------------------------|---|-------------------------------|-----------------------------------|----------------------|-------------------------------------|-------|------------------------------------|
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | tions. Complete if the organization | answered "Yes" on Form 990 |), Part IV, line 34, I | pecause it ha | ad one or m | ore related tax-exer | npt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public ch status (if so | | (f) Direct controlling entity | contr | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(| (3)) | | Yes | No |
| MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 | 4 | | | | | | | |
| 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 | 002011120 | 552(5)(6) | | | | | |
| 26-1401850, 1150 VILLAGE RIDGE POINT, | FACILITIES TO MONUMENT | | | | | | | |
| MONUMENT, CO 80132 | ACADEMY | COLORADO | 501(C)(3) | LINE 12B | , II MONU | UMENT ACADEMY | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

| | | | | 1 | | | | | T | | |
|--|------------------|---|---------------------------|--|-----------------------|-----------------------------------|-----|----------------------|--|------------------------------|--|
| (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 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 itions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General of managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | 833013 | Yes | No | K-1 (Form 1065) | Yes N | <u>. </u> |
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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 country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| | | country | | | | | | Yes | No |
| | | | | | | | | | |
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Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х | |
|--|--|---------------------|----------------------------------|---------------------------------------|-------|---|---|--|
| С | c Gift, grant, or capital contribution from related organization(s) | | | | | | | |
| d | d Loans or loan guarantees to or for related organization(s) | | | | | | | |
| е | e Loans or loan guarantees by related organization(s) | | | | | | | |
| | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х | |
| g | Sale of assets to related organization(s) | | | | 1g | | Х | |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х | |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | |
| | | | | | | | x | |
| k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| ı | Performance of services or membership or fundraising solicitations for related organ | nization(s) | | | 11 | Х | | |
| | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | |
| n | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Х | | |
| | | | | | | | х | |
| | p Reimbursement paid to related organization(s) for expenses | | | | | | | |
| q | q Reimbursement paid by related organization(s) for expenses | | | | | | | |
| | | | | | | | | |
| r | | | | | 1r | | Х | |
| <u> </u> | 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 whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and " | ho must complete th | is line, including covered relat | tionships and transaction thresholds. | | | | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amount in | olved | | | |
| | | type (a-s) | | | | | | |
| / 4 \ | | | | | | | | |
| <u>(1)</u> | | | | | | | | |
| (2) | | | | | | | | |
| <u>_/</u> | | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionat allocatio | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) Percentage ownership |
|--|----------------------|-----|---|--|------------------------------------|--|-----------------------------|---|--------------------------------------|--------------------------|
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