

# MONUMENT ACADEMY FORM 990 INCOME TAX RETURN FOR YEAR ENDED JUNE 30, 2020

## Form **8879-EO**

### THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30

OMB No. 1545-1878

Department of the Treasury

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

Name of exempt organization	Employer ider	tification number
	05.001	44.00
MONUMENT ACADEMY	27-001	4128
Name and title of officer  MARC BROCKLEHURST		
CHIEF FINANCIAL OFFICER		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fi	rom the return. I	f vou check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	, then leave line	1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,602,706.
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b	
Part II Declaration and Signature Authorization of Officer		
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceeding the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organiz return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries an payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.  Officer's PIN: check one box only	electronic funds zation's federal to the Treasury Finan institutions invo d resolve issues	s withdrawal (direct axes owed on this cial Agent at lved in the related to the
X   authorize CLIFTONLARSONALLEN LLP		N 14128
ERO firm name	to enter my PI	Enter five numbers, bu
ENO III III III III III		do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	thorize the afore	ementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	,	
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.  8478035590  Do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me e-file Providers for Business Returns.	e organization in	
ERO's signature ► SARAH HINTZ Date ► 05	/06/21	
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

# (Rev. January 2020)

**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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		2019 calendar year, or tax year beginning JUL 1, 2019 and e		UN 30, 2020	
	heck if	C Name of organization		D Employer identific	cation number
	pplicable	to Name of organization		D Employer Identific	cation number
	Addres	MONUMENT ACADEMY			
	_change _Name			27-00141	28
H	_change □Initial		Doom/quita	E Telephone numbe	
H	_return □Final	1150 VILLAGE RIDGE POINT	Room/suite	719-481-	
	/return -termin	-			8,602,706.
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code  MONUMENT, CO 80132		G Gross receipts \$	
$\vdash$	∐return ∏Applica	,		H(a) Is this a group re	
	⊥tion pendin	SAME AS C ABOVE		for subordinates	
				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or e: ► WWW • MONUMENTACADEMY • NET	527	1	list. (see instructions)
		organization: X Corporation	1 Voor	H(c) Group exemption	A State of legal domicile: CO
	irt I	Summary	L Year	or formation. 1995	N State of legal doffliche. CO
1 0		<u> </u>	TCCTO	N OF MONITME	TO A CADEMY
ě		Briefly describe the organization's mission or most significant activities: THE M			NI ACADEMI
anc		IS TO PROVIDE A RIGOROUS, CONTENT-RICH ACA			<del></del>
Governance	l	Check this box  if the organization discontinued its operations or dispose		1 _	1
Š	l			3	6
۵		Number of independent voting members of the governing body (Part VI, line 1b)			192
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			
Activities &		Total number of volunteers (estimate if necessary)			450
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	В	Net unrelated business taxable income from Form 990-T, line 39	·····		
			-	Prior Year	Current Year
ē	l	Contributions and grants (Part VIII, line 1h)		7,433,901.	8,167,398.
Revenue	l	Program service revenue (Part VIII, line 2g)		479,760.	400,520.
Rev	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,645.	33,361.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,205.	1,427.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,945,511.	8,602,706.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		5,341,605.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	5,443,265.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈	_b		0.	2 202 000	2 454 222
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,303,898.	2,454,322.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,645,503.	7,897,587.
		Revenue less expenses. Subtract line 18 from line 12		300,008.	705,119.
Net Assets or Fund Balances				ginning of Current Year 7,691,067.	End of Year
sset 3ala	20	Total assets (Part X, line 16)			5,630,300.
et A	21	Total liabilities (Part X, line 26)		24,443,086.	19,717,640.
	22 irt II	Net assets or fund balances. Subtract line 21 from line 20	-	16,752,019.	-14,087,340.
					. Lorent de deservad la distribute de la
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	cn preparer	nas any knowledge.	
		Signature of officer		l Date	
Sigr	- 1	,	COED	Date	
Her	e	MARC BROCKLEHURST, CHIEF FINANCIAL OFFI  Type or print name and title	LCER		
			Ιr	Date Check C	PTIN
n-··	, [	Print/Type preparer's name Preparer's signature	<b>I</b>	:r	
Paid	l l	SARAH HINTZ SARAH HINTZ	ĮU	5/06/21 self-employ	
Prep	, t	Firm's name CLIFTONLARSONALLEN LLP	300	Firm's EIN ▶	41-0746749
use	Only	Firm's address 8390 EAST CRESCENT PARKWAY, SUITE	<u> </u>	/2	021 770 5710
		GREENWOOD VILLAGE, CO 80111		Phone no. (3	
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF MONUMENT ACADEMY IS TO PROVIDE A 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,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,920,406 $\cdot$ including grants of \$0 (Revenue \$\$) (Revenue \$\$)	• )
	MONUMENT ACADEMY PROVIDES EDUCATIONAL SERVICES FOR APPROXIMATELY 1000	
	PRESCHOOL THROUGH 9TH GRADE STUDENTS.	
4b	(Code:) (Expenses \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		— ′
4 -7	Other are seen is an (Describe on Cabarlula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	

Form **990** (2019)

## Form 990 (2019) MONUMENT ACADEMY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲		
		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
<b>L</b>	Part VI	11a	-22	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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		v	
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		\ <del></del>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		\ <sub>\7</sub>	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	77
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	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	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
<b>20</b> a	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

	1990 (2019) MONUMENT ACADEMY 27-0014  Triviology Checklist of Required Schedules (continued)	4128	Р	age <b>4</b>
Га	Continued)		V	N.
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
)4 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
.ти	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
3	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
,	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
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
ı	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
2	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
3	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
	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

34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	X	
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 in Schedule O for Part VI, lines 11b and 19?			
	Natural III Farms COO Stars are required to a consultate Oaks delta O	ا مما	v	l

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings are Statements Regarding Other IRS Filings and Tax Compliance

	Office in Schedule O contains a response of flote to any life in this rait v					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)							
	1 1		Yes	No				
	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	X	₩				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37				
	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			٠,,				
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>				
b	<b>b</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).	_		v				
	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 7b		X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X				
	to file Form 8282?	7c		┢				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х				
e	Pid the second state of the second se							
g h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
Ü	and the state of t	8						
9	sponsoring organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.							
	Pid the appropriate experience make any tayable distributions under eaction 10000							
	Section 501(c)(7) organizations. Enter:	9b						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
	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		$\perp$				
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							
	Enter the amount of reserves on hand	14a		Х				
14a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.	40		v				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.			1				

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	r a "No" re	spons	se				
	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							
	<u> </u>		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	6		110				
	If there are material differences in voting rights among members of the governing body, or if the governing	-						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6						
_	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officery diverters twisters as key ampleuse?							
3								
Ū	of officers directors trustees or key ampleyees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X				
5	Did the constitution because desired to the constitution of the co	5		X				
6	Did the aurenization have growthern an at-altholdern?	6	Х					
	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	•						
1 a		7a	Х					
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	. <u>1a</u>	- 21					
b	and the state of t	7h		x				
	persons other than the governing body?  Point the graphization contemporaneously decument the meetings held or written settings undertaken during the year by the following:							
	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?							
_	a The governing body? b Each committee with authority to act on behalf of the governing body?							
b		8b	X					
9	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							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X				
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
b	and branches to assume their an authorise are consistent with the assumption of a support of the constant of t	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	i i a						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
			X					
·	in Schedule O how this was done	12c	Х					
13	Did the executation have a written which laway policy?	13		х				
14	Did the consist of the form of the decrease the decrease of declaration and declaration of the decrease of the		Х					
15	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	17						
10	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	1		X				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 100						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
104	taxable entity during the year?	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. 100						
D	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	100						
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)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	,,-,,)						
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MARC BROCKLEHURST - 719-481-1950							

1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132

## 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title				Pos				<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	Average hours per	box	, unle	ss pe	rson i	than is both	n an	compensation	compensation	amount of
	week	offi	cer ar		a director/trustee)				from related	other
	(list any	irector						the	organizations	compensation
	hours for related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	nal trus		oyee	omper		(** 2, 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NANCY TIVE	45.00	u L	<u> </u>	<del>1</del> 0	Ϋ́e	E E	Fo			
DIRECTOR OF FINANCE	0.00	1		х				61,365.	0.	14,710.
(2) MARC BROCKLEHURST	45.00							,	-	,
CHIEF FINANCIAL OFFICER	0.00			Х				22,668.	0.	5,405.
(3) CHRISTIANNA HERRERA	45.00									
CHIEF OPERATING OFFICER	0.00			Х				19,000.	0.	3,921.
(4) MARK MCWILLIAMS	3.00									
PRESIDENT		Х	_	Х		_	<u> </u>	0.	0.	0.
(5) MIKE MOLSEN	3.00	J								
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) SUSAN BYRD	3.00								•	•
SECRETARY		Х		Х		<u> </u>		0.	0.	0.
(6) MEGGHAN ST. AUBYN SECRETARY	3.00	x		х				0.	0.	0
(7) MELANIE STROP	3.00	Δ		^		$\vdash$		0.	0.	0.
TREASURER		X		Х				0.	0.	0.
(8) DWAYNE COOKE	3.00									
DIRECTOR (THRU 12/19)	0.00	Х						0.	0.	0.
(9) CHRIS DOLE	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
		_								
		_								
						_				
										<b>5</b> 000 (2242

Form 990 (2019)

	1 990 (2019) <b>MONUMENT</b>									27-00	014	128	Pa	ige 8
Pai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	more rson i	than of south	n an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensatio	on d	am	( <b>F)</b> imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	ensat om the Inization relate nization	e on ed
			-											
									102 022		_	2.4	0.3	0.6
	Subtotal Total from continuation sheets to Part VII							<b>&gt;</b>	103,033.		0.	4	.,03	0.
	Total (add lines 1b and 1c)							<u> </u>	103,033.		0.	24	,03	36.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9			0
_	Did the constitution list and format officers	Post all and house	1					1-1-		1			Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si											3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		
Soc	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .			<u></u>		5		X
1	Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.			١	
	(A) Name and business	address	NC	INC	3				(B) Description of s	ervices	С	(C) ompen		1
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
	w 100,000 of compensation from the organiz	Lation										Form 9	90 (2	2019)

Statement of	Revenue
١	Statement of

		Check if Schedule O contains a r	resnonse (	or note to any lir	ne in this Part VIII			
		Check if Conedate C Contains a f	соронос с	or rioto to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			. 1					SECTIONS 212 - 214
nts nts	1 :	Federated campaigns	1a		_			
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues	1b					
S, G	•	Fundraising events	1c					
a ii	(	d Related organizations	1d					
s, o		Government grants (contributions)	1e 8,	163,048.				
e is	1	All other contributions, gifts, grants, and						
he ti		similar amounts not included above	1f	4,350.				
ξţ		Noncash contributions included in lines 1a-1f	1g \$	•				
ρ	ì	Total. Add lines 1a-1f			8,167,398.			
0 10		Total: Add lines 1a-11		Business Code	0,20,,3300			
		TUITION		611600	235,471.	235,471.		
<u>ic</u>								
Program Service Revenue	'	STUDENT FEES		611600	165,049.	165,049.		
ر en	•	·						
e a	•	d						
90 F	•	•						
٩.	1	All other program service revenue						
		Total. Add lines 2a-2f		<b>)</b>	400,520.			
	3	Investment income (including divider	nds, intere	st, and				
		other similar amounts)			33,361.			33,361.
	4	Income from investment of tax-exem						-
	5	Royalties	-					
	Ŭ		Real	(ii) Personal				
	6	. l <u>. l</u> -		(1) 1 01001141	-			
		Gross rents 6a			-			
		Less: rental expenses 6b			-			
		Rental income or (loss) 6c						
		d Net rental income or (loss)		(") OH				
	7 :		ecurities	(ii) Other	_			
		assets other than inventory <b>7a</b>			_			
	ı	Less: cost or other basis						
en		and sales expenses						
Revenue	(	Gain or (loss) 7c						
Be		d Net gain or (loss)	<u></u>	<b>)</b>				
ē	8 8	a Gross income from fundraising events (n	ot					
₹		including \$	of					
		contributions reported on line 1c). Se	ee					
		Part IV, line 18						
		Less: direct expenses			-			
		Net income or (loss) from fundraising						
		a Gross income from gaming activities						
	9 7	Part IV, line 19	<b>I</b>					
		Less: direct expenses						
		Net income or (loss) from gaming act		·····				
	10 a	a Gross sales of inventory, less returns	I .					
		and allowances			_			
	ı	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inv	entory	<b></b>				
<u>,</u> [	_			<b>Business Code</b>				
ous.	11 :	MISC REVENUE		900099	1,427.	1,427.		
ine Due	ı	<u> </u>						
ella Ve								
Miscellaneous Revenue	Ì	d All other revenue						
Σ	Ì	Total. Add lines 11a-11d		<b></b>	1,427.			
	12	Total revenue. See instructions	<u></u>		8,602,706.	401,947.	0.	33,361.
	14	TOTAL TOTOLIAGE OUT HISTI HOLIUHS		······	10 , 002 , 1000			00,001

## Form 990 (2019) MONUMENT ACADEMY Part IX Statement of Functional Expenses

Cooti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Secti			-					
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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							
5	Compensation of current officers, directors,							
	trustees, and key employees	201,151.	92,208.	108,943.				
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	3,960,471.	3,352,541.	607,930.				
8	Pension plan accruals and contributions (include			·				
•	section 401(k) and 403(b) employer contributions)	862,126.	724,313.	137,813.				
9	Other employee benefits	362,191.	318,391.	43,800.				
10	Payroll taxes	57,326.	46,115.	11,211.				
11	Fees for services (nonemployees):	,	,	,				
	Management							
	Legal	22,525.		22,525.				
	Accounting	13,515.		13,515.				
		- , -		,				
	Professional fundraising services. See Part IV, line 17							
	Investment management fees							
a	Other. (If line 11g amount exceeds 10% of line 25,							
9	column (A) amount, list line 11g expenses on Sch O.)	535,598.	106,051.	429,547.				
12	Advertising and promotion	63,489.		63,489.				
13	Office expenses	60,675.		60,675.				
14	Information technology	52,749.		52,749.				
15	Royalties	0_70		0277200				
16	Occupancy	1,316,737.		1,316,737.				
17	Travel							
18	Payments of travel or entertainment expenses							
.0	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	54,222.		54,222.				
23	Insurance	54,025.		54,025.				
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	SUPPLIES - INSTR.	268,779.	268,779.					
b	DUES AND FEES	12,008.	12,008.					
c		,	,		_			
d								
	All other expenses				_			
25	Total functional expenses. Add lines 1 through 24e	7,897,587.	4,920,406.	2,977,181.	0.			
26	Joint costs. Complete this line only if the organization	, - ,	, , , , , , , ,	, , ,				
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
	<b>,</b> 3 ( · · · · · · · · · · · · · ·	L			000			

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,677,411.	1	3,815,662.
	2	Savings and temporary cash investments  Pledges and grants receivable, net				2	
	3					3	
	4	Accounts receivable, net			71,123.	4	82,174.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9				14,228.	9	0.
	10a	Land, buildings, and equipment: cost or other		660 654			
		basis. Complete Part VI of Schedule D	. 10a	662,654.	245 654		202 552
	b	Less: accumulated depreciation		338,884.	345,671.	10c	323,770.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			4 500 604	14	1 400 604
	15	Other assets. See Part IV, line 11			4,582,634.	15	1,408,694
	16	Total assets. Add lines 1 through 15 (must ed			7,691,067.	16	5,630,300.
	17	Accounts payable and accrued expenses			720,533.	17	713,572.
	18	Grants payable			42,648.	18	340,848.
	19	Deferred revenue			42,040.	19	340,040
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo trustee, key employee, creator or founder, sub					
Liabilities						22	
Lia	23	controlled entity or family member of any of these persons				23	
	24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax,					
	20	parties, and other liabilities not included on lin	-				
		of Schedule D			23,679,905.	25	18,663,220.
	26	<b>Total liabilities.</b> Add lines 17 through 25			24,443,086.	26	19,717,640.
		Organizations that follow FASB ASC 958, c			, , , , , , , , , , , , , , , , , , , ,		
ses		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
auc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
밀		Organizations that do not follow FASB ASC					
ᇎᅵ		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund	ls		-16,981,503.	29	-14,335,692.
set	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
As	31	Retained earnings, endowment, accumulated			229,484.	31	248,352.
Net Assets or Fund Balances	32	Total net assets or fund balances			-16,752,019.	32	-14,087,340.
_	33	Total liabilities and net assets/fund balances			7,691,067.	33	5,630,300.

Pa	t XI   Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,89		
3	Revenue less expenses. Subtract line 2 from line 1	3			<b>5,1</b>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-16	<u>,75</u>	2,0	19.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,95	9,5	60.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-14	,08	7,3	40.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other SEE SCH	. 0				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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:					l
	Separate basis Consolidated basis Both consolidated and separate basis					l
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					l
	Separate basis X Consolidated basis Both consolidated and separate basis					l
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 Aud	iit			
	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 require		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
						dule A (Form 990	

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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					+	<del> </del>
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and <b>stop here</b>			······			<b>&gt;</b>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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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3b		
30		
3c		
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9a		
9b		
9c		
10a		
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10b		

Pa	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 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	tion C. Type II Supporting Organizations			
	or type is emphasizing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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			
	1, 0 0	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	men = 17 m 1)pe m eupperung engammune		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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 <b>Part VI</b> the role the organization's			
		2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.	ictions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	£IJ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	Jd		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions 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	<b>Discount</b> claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	I v   Iype III Non-F	-unctionally integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			•	Current Year
1	Amounts paid to support	ed organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform				
	organizations, in excess				
3		paid to accomplish exempt purpose	es of supported organizations		
	Amounts paid to acquire				
5	•	nts (prior IRS approval required)			
6		ribe in <b>Part VI</b> ). See instructions.			
7	,	ns. Add lines 1 through 6.			
8		supported organizations to which th	ne organization is responsive		
	(provide details in <b>Part V</b>		J		
9		2019 from Section C, line 6			
	Line 8 amount divided by	·			
			(i)	(ii)	(iii)
Secti	ion E - Distribution Alloca	ations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for	2019 from Section C, line 6			
2	Underdistributions, if any	, for years prior to 2019 (reason-			
	able cause required- expl	ain in Part VI). See instructions.			
3	Excess distributions carry	yover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
	From 2018				
f	Total of lines 3a through	е			
	Applied to underdistribut				
	Applied to 2019 distribut				
	Carryover from 2014 not				
j	Remainder. Subtract line				
4	Distributions for 2019 fro				
	line 7:	\$			
а	Applied to underdistribut	ions of prior years			
	Applied to 2019 distribute				
	Remainder. Subtract lines				
5		ions for years prior to 2019, if			
	•	d 4a from line 2. For result greater			
	than zero, explain in <b>Part</b>				
6		tions for 2019. Subtract lines 3h			
	•	sult greater than zero, explain in			
	Part VI. See instructions.				
7		rryover to 2020. Add lines 3j			
-	and 4c.	, 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(FORTH 990 OF 990-EZ) 2019 FIGNOMENT ACADEMI					
Part VI	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.)					
-						
-						

#### **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 Open to Public Inspection

Name of the organization

MONUMENT ACADEMY

**Employer identification number** 27-0014128

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	,		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	organization during the tax
4	year	rement is legated	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	-	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		mandaning of violations, and emoroning consc	sivation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year
•	<b>▶</b> \$	9	ion sacomento daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
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 financial stateme	nts that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner 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 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

a list make graphizations's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a Public exhibition  b Scholarly research  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets  10 be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IVI Excrow and Custodial Arrangements. Complete if the organization an awared "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21.  a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included  an Form 990, Part X?  b If Yes, "xplain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  D Beginning balance  D Beginning balance  D Beginning of the year  D Beginning balance  D Beginning balance  D Beginning of the year  D Beginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  D Beginning of year balance  D Contributions  D Beginning of year balance  D Beginning of year ba		t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(continue	ed)
a										•	,
b Scholarly research e		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 2 During the year, did the organization belief the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 3 Is the organization arrangement in Part XIII and complete the following table:  1	а	Public exhibition	d		Loan or exc	hange progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solicit or necesive donations of art, historical timesaures, or other similar assets   To be sold to raise funds rather than to be maintained as part of the organization answered. Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   To be sold to raise funds rather than 10 be maintained as part of the organization answered. Yes' on Form 990, Part XV, line 9, or reported an amount on Form 990, Part X, line 21.   To be organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.   To be organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.   To be organization and the part XIII and complete the following table:	b	Scholarly research	е	,	Other						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solicit or necesive donations of art, historical timesaures, or other similar assets   To be sold to raise funds rather than to be maintained as part of the organization answered. Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   To be sold to raise funds rather than 10 be maintained as part of the organization answered. Yes' on Form 990, Part XV, line 9, or reported an amount on Form 990, Part X, line 21.   To be organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.   To be organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.   To be organization and the part XIII and complete the following table:	С	Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    I is the organization an again, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X?   X   Yes   No   No   Form 990, Part X   No   No   Part X   P	4		llections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.	
To be sold to raise funds rather than to be maintained as part of the organization's collection?	5										
Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or or Form 990, Part R?										Yes	No
Teleported an amount on Form 990, Part X, line 21.   Teleported year balance   Teleported year   Telepo	Par									ine 9, or	
Tyes,											
Tyes,	1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other ass	sets not	included			
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1   1   1   1   1   1   1   1   1									X	Yes	☐ No
Additions during the year   1	b										
c Beginning balance d Additions during the year e Distributions during the year 1 to 139, 843.  1 to 139, 843.  1 to 139, 843.  1 to 139, 843.  1 to 148, 679.  1 to 148, 679.  1 to 181, 477.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2c Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2c Provide the investment earnings, gains, and losses of Grants or scholarships  2c Other expenditures for facilities and programs  3c Administrative expenses  3c End of year balance  3c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  4a Board designated or quasi-endowment		, 1	•	J						Amount	
d Additions during the year e Distributions during the year f Ending balance  Distributions	С	Beginning balance						1c		90,	313.
e Distributions during the year f Ending balance 1 to Inding balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions 1 Contributions 1 Contributions 2 Net investment earnings, gains, and losses d Grants or scholarships 6 Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    9 Permanent endowment    9 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) Sa(ii) Related organizations 3a(iii) Sa(iii) Related organizations 2 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.  Describe in Part XIII the intended uses of the organization's endowment funds.  1a Land b Buildings 6 441,335. 327,981. 313,354.										139,	843.
1 Ending balance 1/1 S1, 477. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No b! f*Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of the Contributions (e) Contributions (e	е										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    A Courrent year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four year	f										
b   f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   □											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    a Beginning of year balance		_						,			
a Beginning of year balance   Contributions								10.			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		·							vears back	(e) Four ve	ars back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	(,	()				(-,	,	(-/ )	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	ď										
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	Ŭ										
g End of year balance											
Part VI											
a Board designated or quasi-endowment ▶			ent vear end halance	l (line 1c	r column (a	)) beld se:					
b Permanent endowment ▶			ent year end balance		y, coluitiii (a	III TIEIU as.					
Term endowment	_		0/6								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  641,335. 327,981. 313,354.  c Leasehold improvements  d Equipment  21,319. 10,903. 10,416.		. ' -									
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  641,335, 327,981, 313,354, c Leasehold improvements  c Leasehold improvements  d Equipment  e Other	·										
Second   S	32	, ,		tion tha	t are held a	nd administer	ed for th	e organiz	ation		
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings  641,335, 327,981, 313,354.  c Leasehold improvements d Equipment e Other  Other	oa		331011 Of the organize	tion tha	t are ricid ai	na aarminister	ca ioi ti	ic organiz	ation	V	e No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Buildings  641,335. 327,981. 313,354.  c Leasehold improvements  d Equipment  21,319. 10,903. 10,416.  e Other		-									3 110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  641,335. 327,981. 313,354.  c Leasehold improvements  d Equipment  21,319. 10,903. 10,416.  e Other											+
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)  Buildings  C Leasehold improvements  d Equipment  e Other	h										+
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		-	•							- OD	
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)  basis (investment)  basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				WITICITE	urius.						
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  14 Land  27 January  19 January  21 January  21 January  21 January  31 January  31 January  31 January  31 January  31 January  31 January  41 January  42 January  43 January  44 January  45 January  46 January  47 January  48 January  49 January  40 January  41 January  41 January  41 January  42 January  43 January  44 January  45 January  46 January  47 January  48 January  4				) Part IV	/ line 11a S	See Form 990	Part X	line 10			
basis (investment)         basis (other)         depreciation           1a Land         641,335.         327,981.         313,354.           c Leasehold improvements         21,319.         10,903.         10,416.           e Other         10,903.         10,416.         10,903.         10,416.		-							ed l	(d) Book v	21110
1a Land       641,335.       327,981.       313,354.         c Leasehold improvements       21,319.       10,903.       10,416.         e Other       10,903.       10,416.		Description of property					٠,		l l	(u) DOOK V	alue
b Buildings       641,335.       327,981.       313,354.         c Leasehold improvements       21,319.       10,903.       10,416.         e Other       0	10	Land	· · · · · ·		22510	, · · · · - · /		,			
c Leasehold improvements         21,319.         10,903.         10,416.           e Other         0					6.1	.1 335		327 9	81	313	354
d Equipment 21,319. 10,903. 10,416.						,		24,,,	<del></del>	<u> </u>	334.
e Other			<b>I</b>		2	1 319		10 9	03.	1 0	416.
						,,					
				V oolu-	n (D) line 1	(Oc.)				323	770.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MONUMENT ACA	DEMY	27	-0014128 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	11a Can Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(5) 25511 14.45	(c) memore or variations over er em	or your marker raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DEFERRED OUTFLOWS - PENSIO	N		1,359,260
(2) DEFERRED OUTFLOWS - OPEB			49,434
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	1,408,694
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NET PENSION LIABILITY			9,997,346
(3) NET OPEB LIABILITY			491,598
(4) DEFERRED INFLOWS - PENSION			8,033,864
(5) DEFERRED INFLOWS - OPER			140 412

18,663,220. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6) (7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	8,602,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,602,706.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.600.706
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,602,706.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		expenses per F	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				7 074 106
1	Total expenses and losses per audited financial statements			1	7,874,186.
2	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				
С	Other losses	1 1	20 021		
d	Other (Describe in Part XIII.)		30,821.		20 021
	Add lines 2a through 2d			2e	30,821.
3	Subtract line 2e from line 1			3	7,843,365.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		F 4 000		
	Other (Describe in Part XIII.)	4b	54,222.		F4 000
	Add lines 4a and 4b			4c	54,222.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	7,897,587.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	ation.		
ם אם	T IV, LINE 1B:				
LVI	II IV, DINE ID.				
тнг	PUPIL ACTIVITY FUND IS AN AGENCY FUND US	ED TO B	ECORD ETNA	NCTZ	ΔТ.
1111	TIOTIE ACTIVITITIONE ID AN ACENCITONE OF	<u> </u>	LCORD I INA	11011	<u>, т</u>
TRZ	INSACTIONS RELATED TO SCHOOL-SPONSORED ORGA	ΔΝΤΖΔͲΤ	ONS AND AC	רעדיי	TTTES.
	ENDICTIONS REDUITED TO SCHOOL STONDORDS CROP		OND THIS TIC	<u> </u>	
тнг	SE ACTIVITIES ARE SELF-SUPPORTING AND DO I	NOT REC	ETVE ANY D	TREC	TT OR
		.,01 1,20			71 011
INI	DIRECT SCHOOL SUPPORT.				
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
	·				
CAI	PITAL OUTLAY				32,321.
					•
ACC	RUED ABSENCES				-1,500.
					-
TOT	AL TO SCHEDULE D, PART XII, LINE 2D				30,821.
PAF	T XII, LINE 4B - OTHER ADJUSTMENTS:				

#### **SCHEDULE E**

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization

MONUMENT ACADEMY

Part I

Employer identification number
27-0014128

			YES	N
	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	X	
	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	X	
	Has the organization publicized its racially nondiscriminatory policy 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	X	
	MONUMENT ACADEMY INCLUDES THEIR NONDISCRIMINATION POLICY ON			
	THE ENROLLMENT PAGE OF THEIR WEBSITE.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	_X_	_
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? $\dots$	4b	Х	_
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you are all Marillan and of the colored services of			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:	5a		2
а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a 5b		<u>}</u>
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b 5c		Σ
a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		2
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		2
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		Σ Σ Σ
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		Σ Σ Σ
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		2 2 2
b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 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		2 2 2
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 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	Σ Σ Σ Σ
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 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	\(\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 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	-
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 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	\(\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{

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

Schedule E (Form 990 or 990-EZ) 2019

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MONUMENT ACADEMY

Employer identification number 27-0014128

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

RESPONSIBILITY, CHARACTER AND EXEMPLARY CITIZENSHIP.

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

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

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

MEMBER.

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

THE ORGANIZATION'S BYLAWS STATE THAT MEMBERS SHALL HAVE NO RIGHTS OR PRIVILEGES OTHER THAN TO ELECT THE DIRECTORS OF THE CORPORATION.

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

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

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

AVAILABLE, COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR

REVIEW VIA EMAIL, PRIOR TO FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AS STATED IN THE BYLAWS IS

AS FOLLOWS: IF A RESPONSIBLE PERSON IS AWARE THAT THE CORPORATION IS ABOUT

TO ENTER INTO ANY TRANSACTION OR MAKE ANY DECISION INVOLVING A CONFLICT OF

INTEREST, A "CONFLICTING INTEREST TRANSACTION", SUCH PERSON: (I)IMMEDIATELY

INFORM THOSE CHARGED WITH APPROVING THE CONFLICTING INTEREST TRANSACTION ON

BEHALF OF THE CORPORATION OF THE INTEREST OR POSITION OF SUCH PERSON OR ANY

PARTY RELATED TO SUCH PERSON; "(II) AID THE PERSONS CHARGED WITH MAKING THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

**Employer identification number** Name of the organization 27-0014128 MONUMENT ACADEMY DECISION BY DISCLOSING ANY MATERIAL FACTS WITHIN THE RESPONSIBLE PERSON'S KNOWLEDGE THAT BEAR ON THE ADVISABILITY OF THE CORPORATION ENTERING INTO THE CONFLICTING INTEREST TRANSACTION; AND (III) NOT BE ENTITLED TO VOTE ON THE DECISION TO ENTER INTO SUCH TRANSACTION. ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE BOARD MEETINGS AND DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DISCUSSED AND DETERMINED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE MEETING MINUTES OF THE EXECUTIVE SESSION. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN 2019. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN OPEB LIABILITY 14,764. CHANGE IN PENSION LIABILITY 1,944,797. ROUNDING ADJUSTMENT -1. TOTAL TO FORM 990, PART XI, LINE 9 1,959,560. 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 Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  MONUMENT ACADEMY	Employer identification number 27-0014128
SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIREM	ENTS IMPOSED
BY THE PROVIDER HAVE BEEN MET.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT AC	COUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.	

#### **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

► 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

(b)	(c)	(d)		(e)		(	(f)	
Primary activity	Primary activity Legal domicile (state or foreign country)		ome	e End-of-year asse		ssets Direct controlling entity		)
_								
_								
_I ations. Complete if the organizatio	n answered "Yes" on Form 990	), Part IV, line 34,	becaus	e it had one	or more	related tax-exer	mpt	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		,	Dired	(f) et controlling entity	Section 5 contr	olled
				04 (-)(0))		•		ity?
	. c. c.g.: cca,		5	01(c)(3))			Yes	_
OWNS AND LEASES SCHOOL			50	J1(C)(3))			Yes	No
OWNS AND LEASES SCHOOL FACILIITES TO MONUMENT	.c.o.g.r. coa.r.m.j/		5	01(0)(3))			Yes	_
_		501(C)(3)			MONUME	NT ACADEMY	Yes X	_
FACILIITES TO MONUMENT		501(C)(3)			MONUME	NT ACADEMY		_
FACILIITES TO MONUMENT		501(C)(3)			MONUME	NT ACADEMY		_
FACILIITES TO MONUMENT ACADEMY	COLORADO	501(C)(3) 501(C)(3)	LINE	12B, II		NT ACADEMY		
FACILIITES TO MONUMENT ACADEMY FINANCIAL SUPPORT AND	COLORADO		LINE	12B, II			Х	_
	Primary activity	Primary activity  Legal domicile (state of foreign country)  (b) (c)  Legal domicile (state of foreign country)	Primary activity  Legal domicile (state or foreign country)  Total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34,  (b)  Primary activity  Legal domicile (state or foreign country)  Total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34,  (b)  Legal domicile (state or Exempt Code	Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Total income  Total income  Total income  Total income  Total income	Primary activity  Legal domicile (state or foreign country)  Total income End-of-year foreign country)  End-of-year foreign country)  Total income End-of-year foreign country)  End-of-year foreign country)  (b) (c) (d) (e) Frimary activity  Legal domicile (state or Exempt Code Public charity)	Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Total income End-of-year assets  End-of-year assets  (b) (c) (d) (e)  Primary activity  Legal domicile (state or Exempt Code Public charity Direct	Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling  End-of-year assets  Direct controlling  End-of-year assets  Direct controlling	Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets Direct controlling entity  End-of-year assets Direct controlling entity  Direct controlling entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets Direct controlling entity  End-of-year assets Direct controlling entity

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

MONUMENT ACADEMY

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

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

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								<b>↓</b>	<u> </u>

Page 2

Page 3

Yes No

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

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?

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organ				11	Х	
	Performance of services or membership or fundraising solicitations by related organ	()			1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
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 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," in the above is	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)	l de la companya de						
\ <del>-</del> /							
(3)	l de la companya de						
(4)	l de la companya de						
(5)							
(C)	l de la companya de						
(6)				0,1, - 4,4,	D /F	000°	2010
32163	3 09-10-19	2.2		Schedule	H (For	п 990)	2019

27-0014128

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	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

#### Form **8868**

(Rev. January 2020)

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 27-0014128 MONUMENT ACADEMY 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) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARC BROCKLEHURST The books are in the care of ► 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ► 719-481-1950 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . 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 17, 2021 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 \_\_\_ , and ending <u>JUN</u> 30 , 2020 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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

923841 12-30-19

instructions

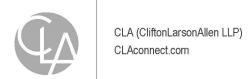
LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2020)



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

Dear Marc:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 17, 2021 the filing deadline.

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

When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided for your permanent records. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

CliftonLarsonAllen LLP



# MONUMENT ACADEMY BUILDING CORPORATION FORM 990 INCOME TAX RETURN FOR YEAR ENDED JUNE 30, 2020

## Form **8879-EO**

# \*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning  $\underline{JUL}$   $\underline{1}$  , 2019, and ending  $\underline{JUN}$   $\underline{30}$ 

Department of the Treasury

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

Internal Revenue	Service	Go to www.	irs.gov/Form88/9EO for the latest inforr	nation.	
Name of exem	pt organization			Employer	identification number
MONUME	NT ACADI	MY BUILDING CORE	ORATION	26-1	401850
Name and title					
	ROCKLEHU				
		AL OFFICER	otion (IIII   D. III   D. III		
Part I		Return and Return Inform			
on line 1a, 2a	<b>a, 3a, 4a,</b> or <b>5</b> a applicable, bla	a, below, and the amount on tha	orm 8879-EO and enter the applicable amo t line for the return being filed with this forr entered -0- on the return, then enter -0- on	m was blank, then leave l	line 1b, 2b, 3b, 4b, or 5b,
<b>1a</b> Form 990	0 check here	▶ X b Total revenue,	if any (Form 990, Part VIII, column (A), line	: 12) <b>1b</b>	943,464.
	0-EZ check he		nue, if any (Form 990-EZ, line 9)		
<b>3a</b> Form 11:	20-POL check		ax (Form 1120-POL, line 22)		
<b>4a</b> Form 990	0-PF check he		on investment income (Form 990-PF, Pa		
<b>5a</b> Form 886	68 check here		Form 8868, line 3c)		
Part II	Declarat	ion and Signature Author	rization of Officer		
the date of a debit) entry t return, and the 1-888-353-45 processing of payment. I have organization	any refund. If ap- to the financial he financial ins 537 no later that of the electroni- ave selected a 's consent to e	oplicable, I authorize the U.S. Tre- institution account indicated in the structure to this an 2 business days prior to the portion of the po	f the transmission, <b>(b)</b> the reason for any objective assury and its designated Financial Agent to the tax preparation software for payment of account. To revoke a payment, I must consument (settlement) date. I also authorize the infidential information necessary to answer PIN) as my signature for the organization's	to initiate an electronic function of the organization's fedentact the U.S. Treasury Fithe financial institutions in inquiries and resolve iss	unds withdrawal (direct ral taxes owed on this inancial Agent at involved in the sues related to the
	N: check one I	•	T.T.D.		01050
L <b>X</b> la	uthorize <u>СБ.</u>	IFTONLARSONALLEN_		to enter m	y PIN 01850 Enter five numbers, bu
			ERO firm name		do not enter all zeros
is l	being filed with		19 electronically filed return. If I have indic harities as part of the IRS Fed/State prograscreen.		. ,
inc	dicated within		IN as my signature on the organization's ta urn is being filed with a state agency(ies) re osure consent screen.	•	•
Officer's signa	ture ▶ <u>* * *</u>	*** THIS IS NOT A	A FILEABLE COPY ***	ate <b>&gt;</b>	
Part III	Certifica	tion and Authentication			
ERO's EFINA	/PIN. Enter yo	ur six-digit electronic filing identi			
number (EFII	N) followed by	your five-digit self-selected PIN.		0355902 enter all zeros	
confirm that		g this return in accordance with	y signature on the 2019 electronically filed the requirements of <b>Pub. 4163,</b> Moderniz	_	
ERO's signatu	re <b>► SARA</b> I	H HINTZ	Da	ate	
		FRO Must	Retain This Form - See Instructi	ons	
			Form to the IRS Unless Request		

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

## (Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

JUL 1, 2019

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.

and ending JUN 30,

Open to Public

2020

Check if applicable: C Name of organization D Employer identification number Address change MONUMENT ACADEMY BUILDING CORPORATION Name change 26-1401850 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 719-481-1950 1150 VILLAGE RIDGE POINT 943,464. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 80132 MONUMENT, CO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTIANNA HERRERA for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.MONUMENTACADEMY.NET **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2007 M State of legal domicile: CO Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE BUILDING CORPORATION WAS Governance CREATED TO ISSUE DEBT AND BUILD AND SUPPORT THE SCHOOL FACILITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 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) 4 4 Activities & Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 Revenue 929,363. 928,187. Program service revenue (Part VIII, line 2g) 22,636. 15.277. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 943,464 951,999. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 892,527. 993,729. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 892,527. 993,729. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,472. -50,265. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 12,523,384. 12,168,237. 20 Total assets (Part X, line 16) 13,059,74713,364,629. 21 Total liabilities (Part X, line 26) 三年 -841,245. -891,510 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARC BROCKLEHURST, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/07/21 P00492291 SARAH HINTZ SARAH HINTZ Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 Use Only Phone no. (303) 779-5710 GREENWOOD VILLAGE, CO 80111 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <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	_		
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	-10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1110	- 21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_		110		1
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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		1
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		- 21	Х
	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	444		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	40-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Λ	х
13	Did the approximation projection of the construction of the United Obstace	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>^</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y .
40	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,"			<sub>v</sub>
00	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			_ v
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	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		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			1
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			37
	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2019) MONUMENT ACADEMY BULLDING CORPORATION

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

	i (contanted)			V	N.
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions				
За		7	За		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 \ ser $	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			,,
	to file Form 8282?	 I I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds.		7h		
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		Ů		
а	Did the agreement in a consideration made and the distributions and according 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> 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	المدا			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	14-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a 14b		<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140		
13	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		<u>.</u> _		
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.				
	· · · · · · · · · · · · · · · · · · ·			000	

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.

800	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		۱.	1	2		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4			
	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.			ار			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			.	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			. [	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			. [	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·			
	The governing body?	-	_		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			··	0.0		
•	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				9		
	1.01 BT 3 GHO 65 (1 nis Section B requests information about policies not required by the internal Re	<u>venue</u>	Code.)			Yes	No
100	Did the organization have local chanters, branches, or offiliates?			٦	10a	169	X
	Did the organization have local chapters, branches, or affiliates?			•	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				401		
	· · · · · · · · · · · · · · · · · · ·			··	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betoi	e filing the form?	H	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = Y$	'es," d	escribe			7.7	
	in Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13		X
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		_X_
b	Other officers or key employees of the organization			. [	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a				
	taxable entity during the year?			. [	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'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, ar	nd 990	-T (Section 501(c)	(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sc	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	MARC BROCKLEHURST - 719-481-1950	•					
	1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132						

## 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization (A)	(B)				C)		-	(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
ivame and title	hours per	(do	(do not check more box, unless person			nore than one		compensation	compensation	amount of	
	week	offi	cer an	os per id a d	irecto	s botr r/trus	tee)	from	from related	other	
	(list any	tor						the	organizations	compensation	
	hours for	direc				_		organization	(W-2/1099-MISC)	from the	
	related	3e or	stee			nsate		(W-2/1099-MISC)	(** = / 1000 ********************************	organization	
	organizations	truste	al tru		yee	m pe		(** =* ** = = **,		and related	
	below	qna	ution		odm	st co	Je.			organizations	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				
(1) MARK MCWILLIAMS	1.00										
PRESIDENT		Х		х				0.	0.	0	
(2) MELANIE STROP	1.00										
SECRETARY / TREASURER		Х		х				0.	0.	0	
		1									
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Part VII Sect	ion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	(do box	not c	Pos heck i ss per	c) itior more rson i	ີ່ than is botl	one n an	(D) Reportable compensation	(E) Reportable compensatio	n	l	(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	nstitutional trustee	Officer Officer	Key employee	Highest compensated carptoxe		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	fr org an	other upensation the community of the co	e ion ed
				_		×								
	continuation sheets to Part VI							<b>&gt;</b>	0.		0.			0.
d Total (add	lines 1b and 1c)							o re	0 . eceived more than \$100,	000 of reportable	0.			0.
	ion from the organization									•			Yes	0 <b>N</b> o
	anization list any <b>former</b> officer, 'Yes," complete Schedule J for si								hest compensated emp			3		Х
and related	lividual listed on line 1a, is the su I organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
rendered to	rson listed on line 1a receive or a to the organization? If "Yes," com	•				•			•		<u></u>	5		Х
1 Complete t	pendent Contractors his table for your five highest contaction. Report compensation for the second sec	=									ensa	tion fro	om	
tric organiz	(A)  Name and business			ONE		1011	JI WI		(B)  Description of s		c		C) nsatio	
2 Total numb	per of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
	of compensation from the organiz					(	•							

MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d 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 h Total. Add lines 1a-1f Business Code 928,187. 928,187. 518210 2 a RENTAL INCOME Program Service f All other program service revenue ..... 928,187. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 15,277. 15,277. 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 Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 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

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15,277. Form **990** (2019)

943,464.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

d All other revenue

928,187.

<del>oe</del> cil	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response			ipisto Columni (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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				
q	Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	631,784.	631,784.		
21	Payments to affiliates	261 045	264 245		
22	Depreciation, depletion, and amortization	361,945.	361,945.		
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.)				
a					
b					
C C					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	993,729.	993,729.	0.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	333,1230	223,723•		<u> </u>
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1,520,653. 1,543,177. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 12,370,705. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 3,427,311. 9,234,698. 8,943,394. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,768,033. 1,681,666. 15 Other assets. See Part IV, line 11 15 12,523,384. 12,168,237. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 132,235. 243,081. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 13,232,394. 12,816,666. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 13,364,629. 13,059,747. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. -1,294,624. 29 -2,191,606. 29 Capital stock or trust principal, or current funds 1,300,096. Paid-in or capital surplus, or land, building, or equipment fund 453,379. 30 30 0. 31 31 Retained earnings, endowment, accumulated income, or other funds <del>-891,51</del>0. -841,245. Total net assets or fund balances 32 32 12,523,384. 12,168,237. 33 Total liabilities and net assets/fund balances

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			<u>64.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 29.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-84	<u>1,2</u>	<u>45.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	-89	1,5	<u> 10.</u>
Pai	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 Counting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	. 0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	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	(2019)

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#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MONUMENT ACADEMY BUILDING CORPORATION Employer identification number 26-1401850

				AT DOTEDING				0 1401030	_
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.		_
Γhe	organ	ization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3	一	A hospital or a cooperative		•			i).		
4	П	A medical research organiz					•	the hospital's name.	
•		city, and state:		,				,	
_		An organization operated for	or the benefit of a col	lege or university owner	d or operate	ad by a go	wernmental unit describe	ad in	_
5				lege of university owner	o operati	ed by a go	verninental unit describe	5U III	
_		section 170(b)(1)(A)(iv).							
6	Н	A federal, state, or local go	-						
7		An organization that norma	ılly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general إ	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membership fees, an	d gross receipts from	
		activities related to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment	
		income and unrelated busin	•	• •			• •	•	
		See section 509(a)(2). (Co		(1000 000 1101 1101 1101 1101 1101 1101		ooo aoqa	ou by the organization o		
11		An organization organized	•	vely to test for public sa	fety See	section 50	19(a)(4)		
	X	An organization organized	-	•	•			nurnosos of one or	
12		•	·	•	•		•	• •	
		more publicly supported or	•					Sheck the box in	
		lines 12a through 12d that	• •				, ,		
а		Type I. A supporting orga	•	·	•	_			
		the supported organization			ı majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ctions A and B.					
b	X		anization supervised	or controlled in connec	tion with its	s supporte	ed organization(s), by have	ring	
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organizatio	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	vintegrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	* *	
		requirement (see instruct	-		•		•		
е		Check this box if the orga	•	-					
•		functionally integrated, or					., po ., ., po, ., po		
f	Ente	er the number of supported of		iany integrated support	ng organiz	ation.		1	٦
		ride the following information		d organization(e)					_
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	_
	•	organization	, ,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions	)
		-		above (see instructions))	165	NO			_
vr 🔿	ATT TIME	ENT ACADEMY	27-0014128	1			621 701		
MO.	NOM.	ENT ACADEMY	27-0014120	1	X		631,784.	0	<u>•</u>
									_
									_
									_
Γota	nl						631,784.	0	-

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Schedule A (Form 990 or 990-EZ) 2019 MONUMENT ACADEMY BUILDING CORPORATION 26-1401850 Page 2

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(6) 2010	(0) 2017	(u) 2010	(6) 2019	(i) Total
8	Gross income from interest,						
0	dividends, payments received on						
	· • •						
	securities loans, rents, royalties,						
^	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						<del>                                     </del>
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11			,				L
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	•			•		<b>.</b> —
Sa	organization, check this box and storetion C. Computation of Publication						<b>P</b>
	Ction C. Computation of Publi			1 (6)			0/
	Public support percentage for 2019 (I					14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
168	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
t	33 1/3% support test - 2018. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					•
	and if the organization meets the "fac			=	=	-	
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	: - 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ		•	•	,	***************************************	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17i	b, check this box a	nd see instructions	s ▶∟
					Sch	edule A (Form 990	or 990-EZ) 2019

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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						
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		, ,	, ,		'	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here	<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>	<b>&gt;</b>
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2019 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	
16 Public support percentage from 2018					16	
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>19</b> (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2019. If the						7 is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶□
<b>b 33 1/3% support tests - 2018.</b> If the	· ·			•	•	
line 18 is not more than 33 1/3%, chec	ck this box and st	<b>top here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	▶∟
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶∟

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1	х	
•	21	
2		Х
		21
0-		Х
3a		
3b		
3с		
4a		Х
- 1-		
4b		
70		
4c		
40		
5a		Х
- Gu		
5b		
5c		
- 00		
6		_X_
7		X
8		Х
9a		Х
- 54		
Ob-		Х
9b		21
		v
9c		X
100		Х
10a		21
104		
10b 990 or 99	N E71	2010

ı aı	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 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		
	7 11 3			
	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		
Seci	ction C. Type II Supporting Organizations			
			Yes	No
	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		**	
C 1	the supported organization(s).	1	X	
Seci	ction D. All Type III Supporting Organizations		.,	
_	Did the considering and idea are built to consider a considering beat to the fifth weath of the		Yes	No
1				
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	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		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc-	ctions).		
а		•		
b				
С		ee instructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
 b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

#### **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 Open to Public Inspection

Name of the organization

MONUMENT ACADEMY BUILDING CORPORATION

**Employer identification number** 26-1401850

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. <b>(a)</b> Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
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 w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			<b>•</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1			<b>L</b> .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		<b>•</b> \$
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

932051 10-02-19

Schedule D (Form 990) 2019

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

### 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.

Complete if the organization anomored	1	, 11110 1 141. 000 1 01111 000	, 1 41174, 11110 10.	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		718,527.		718,527.
<b>b</b> Buildings		11,652,178.	3,427,311.	8,224,867.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colum	nn (R) line 10c )	•	8,943,394.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MONUMENT AC	CADEMY BUILDING	G CORPORATION 26-	-1401850 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
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.			
	II F 000 D+ IV I'	44 d. O. a. Farma 200 Bart V. Bara 45	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	·	TO PERIMPING	1,681,666.
	OKCES KELATED	TO REPUNDING	1,001,000.
(2) (3)			
(3) (4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15 )		1,681,666.
Part X Other Liabilities.		11 110 5 000 5 17 17 05	
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
······································			(b) BOOK Value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

(8)

Pai	Reconciliation of Revenue per Audited Financial St		teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		0.4.24.6.4
1	Total revenue, gains, and other support per audited financial statements		. 1	943,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d		2e	943,464.
3	Subtract line 2e from line 1		3	943,464.
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.)			0
С	Add lines 4a and 4b			0.12.464
5 <b>D</b> 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line ret XII   Reconciliation of Expenses per Audited Financial S	tatomonts With Expanses por	5 Doturn	943,464.
Pa		•	neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		Т.Т	020 020
1	Total expenses and losses per audited financial statements		1	920,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	l I		
b	Prior year adjustments	1 I		
С	Other losses			
d	Other (Describe in Part XIII.)	•		0
е	Add lines 2a through 2d		2e	0.0
3	Subtract line 2e from line 1		3	920,938.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b 72,791	•	
С	Add lines 4a and 4b			72,791.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> </u>	. 5	993,729.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		e 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.		
	OM WIT I THE AD OWNED AD THOMWENING			
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:			
	ODEGIA HIOM			201 205
DEI	PRECIATION			291,305.
	(OD			70 640
AMI	MORTIZATION			70,640.
				400 000
DEI	BT PAYMENTS			-400,000.
T 3.T.C				110 046
TM.	TEREST PAYABLE			110,846.
шог	na mo dougning na nang vit i taun An			70 701
10.	TAL TO SCHEDULE D, PART XII, LINE 4B			72,791.

#### 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.

2019
Open to Public Inspection

Name of the organization

#### MONUMENT ACADEMY BUILDING CORPORATION

Employer identification number 26-1401850

		HIDARM WIT			D /E\ 1	101m T 2 T	TT3 MT ^3TC			0 – T	4 U I (	330		
Part I Bond Issues	SE	E PART VI		1			UATIONS		1					
(a) Issuer name		(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Descript	ion of purpose	( <b>g</b> ) De	feased	(h) On		(i) Po	
									\		of iss	_	finan	Ť
COLORADO EDUCAT	TONAT AND					7	A DV/A NICE	REFUNDING	Yes	No	Yes	NO	Yes	No
A CULTURAL FACILI			106/50707	12/10/14	1465			S 2007A		Х		x		X
A COLIONAL FACILI	IIES AUIN	04-0090121	I JO4 JRZQ /	12/13/14	1403	0103.	OF SEKIE	5 Z00/A A	7					
В														
В												+		
С														
D														
Part II Proceeds		L	1											
				Α			В	С				D		
1 Amount of bonds retired				1,75	5,000.									
2 Amount of bonds legally def														
3 Total proceeds of issue				4 4 4 4	8,163.									
4 Gross proceeds in reserve fu				0.2	2,137.									
5 Capitalized interest from pro					-									
6 Proceeds in refunding escro	ws			13,35	1,786.									
7 Issuance costs from proceed	ds			37	4,239.									
8 Credit enhancement from pr	oceeds													
9 Working capital expenditure	s from proceeds													
10 Capital expenditures from pr	oceeds													
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion	on			2	014									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as pa	•	•	,											
if issued prior to 2018, a cur				Х										
15 Were the bonds issued as pa	-		•											
issued prior to 2018, an adv	ance refunding iss	sue)?			X							$\perp$		
16 Has the final allocation of pro-				Х								$\perp$		
17 Does the organization maint		ks and records to su	pport the											
final allocation of proceeds?				X										

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

Schedule K (Form 990) 2019

Par	t III Private Business Use								
			Α		В		С	ļ ļ	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		.00 9	6	%		%		%
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		0.0						
	section 501(c)(3) organization, or a state or local government		.00 9	_	%	1	%		%
_6_	Total of lines 4 and 5		.00 9	6	%	-	<u>%</u>		<u>%</u>
_7_	Does the bond issue meet the private security or payment test?		X			-			
8a	Has there been a sale or disposition of any of the bond-financed property to a non-		7.7						
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X			-			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		<u> </u>	6	%		<u>%</u>	<del>                                     </del>	<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								
Dav	Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage		•		В		С		
_	Lieu the insulantian Ferra 2000 T. Arbitana and Debata. Violat Deduction and	Yes	A	Vac	<del>- ī</del>	Yes	No	Yes	No No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	res	No X	Yes	INO INO	res	NO NO	res	NO
	Penalty in Lieu of Arbitrage Rebate?								
	7 9 11 7		Х				I		
	Rebate not due yet?		X						
	Exception to rebate?	х	<u> </u>			+		<del>                                     </del>	
	No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1				1		1
	performed  Is the bond issue a variable rate issue?		Х						
	is the bond issue a variable rate issue:	1				1			

Part IV Arbitrage (continued)								
		A	ı	3		)	[	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</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)?		X						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> 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?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	I	3		)	[	D
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instr	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURA	L FACI	LITIES	AUTHOR]	ΥTY				
(F) DESCRIPTION OF PURPOSE:								
ADVANCE REFUNDING OF SERIES 2007A AND 2008A AND T	O FUND	A BOND	RESERV	/E				
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURA	L FACI	LITIES	AUTHOR]	YT				
DATE THE REBATE COMPUTATION WAS PERFORMED: 10	/22/20:	19						
								,

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MONUMENT ACADEMY BUILDING CORPORATION

**Employer identification number** 26-1401850

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

THE ORGANIZATION HAD NO COMMITTEES.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE MANAGEMENT. ONCE A DRAFT OF THE FILING IS THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW. AVAILABLE,

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, 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 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE.

FORM 990, PART XII, LINE 1

THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING AS

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

FINANCIAL STATEMENTS ARE REPORTED USING THE ECONOMIC RESOURCES

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization  MONUMENT ACADEMY BUILDING CORPORATION	Employer identification number 26-1401850
MEASUREMENT FOCUS AND THE ACCRUAL BASIS OF ACCOUNTING. GRA	ANTS AND
SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIRED	MENTS IMPOSED
BY THE PROVIDER HAVE BEEN MET.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT AC	CCOUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.	

#### **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.

MONUMENT ACADEMY BUILDING CORPORATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service 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** 

26-1401850

Name, address, and EIN (if applicable) Of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Olirect controlling entity	ng	
foreign country)		
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.		
(a) (b) (c) (d) (e) (f)	<b>(g)</b> 512(b)(13)	
Name, address, and EIN Primary activity Legal domicile (state or   Exempt Code   Public charity   Direct controlling   co	512(b)(13) trolled	
	entity?	
504(A)(A)	1	
	No	
501(c)(3))   Yes   MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128	1	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 1150 VILLAGE RIDGE POINT	1	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128 1150 VILLAGE RIDGE POINT	No	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128	No X	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128	No	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128	No X	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128	No X	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile (state or foreign country)	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)	General or managing partner?	Percentage ownership		
of related organization													
							Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
	1												
	1												
							<u> </u>	l					

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

Schedule R (Form 990) 2019

Page 3

Yes No

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

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?

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
							7.7
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i	7.7	Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organizations				11	Х	
m	Performance of services or membership or fundraising solicitations by related organizations				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(				1n	Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
. ,							
(3)							
(4)							
(5)							
(e)							
(6)	3 09-10-19			Schedule	B (For	n 000	2010
332 ID	שו-טו-פט נ			Scriedule	IN (FUII	11 220	2013

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) 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	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

#### Form **8868**

(Rev. January 2020)

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or 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 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) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARC BROCKLEHURST The books are in the care of ► 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132 Telephone No. ► 719-481-1950 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . 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 17, 2021 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 , 2020► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason:

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

0.

Change in accounting period

any nonrefundable credits. See instructions.

3b



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

Dear Marc:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 17, 2021 the filing deadline.

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

When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided for your permanent records. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

CliftonLarsonAllen LLP



# FOR YEAR ENDED JUNE 30, 2020

THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending

 $_{20}\,2\,0$ 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Form 8879-EO

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization Employer identification number MONUMENT ACADEMY FOUNDATION 51-0506848

Name and title of officer MARC BROCKLEHURST SENIOR ACCOUNTANT

#### Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	333,833.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b Balance Due</b> (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Of

Officer's PIN: check one box only		
X   authorize   CLIFTONLARSONALLEN   LLP	to enter my PIN	06848
ERO firm name		Enter five numbers, do not enter all zero
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		. ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	,	
Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84780355902 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► SARAH HINTZ Date > 05/07/21

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

# (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public Inspection

▶ 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.

ΑF	or the	2019 calendar year, or tax year beginning JU	L 1, 2019 and	ending J	UN 30, 2	2020	
	Check if pplicable:	C Name of organization			D Empl	oyer identific	ation number
Г	Address	MONUMENT ACADEMY FOUNDATION					
	Name change	Doing business as			5	1-0506848	
F	Initial return	Number and street (or P.0. box if mail is not del	ivered to street address)	Room/suite	1	hone number	
F	Final return/	1150 VILLAGE RIDGE POINT	ivorou to otroot addrood;	Troom, care		9-481-1950	
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		<b>G</b> Gross r	eceipts \$	333,833.
	Amende		3 1		H(a) Is th	nis a group ret	turn
	Applica tion	F Name and address of principal officer: Plance	BROCKLEHURST		7	subordinates?	
	pending	SAME AS C ABOVE			<b>H(b)</b> Are a	all subordinates inc	cluded? Yes No
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )	<b>◄</b> (insert no.)	or 527	' If "N	No," attach a l	list. (see instructions)
		WWW.MONUMENTACADEMY.NET			H(c) Gro	up exemption	n number
		riganization	sociation Other >	<b>L</b> Year	of formation	n: 2004 <b>M</b>	State of legal domicile: CO
Pa	_	Summary					
ø		Briefly describe the organization's mission or most		E FINANC:	IAL SUPP	ORT FOR	
ů	] ]	THE DAY TO DAY OPERATIONS OF MONUMENT	ACADEMY.				
Governance	l		tinued its operations or dispos	sed of more	than 25%	1 1	_
ŏ	ı	lumber of voting members of the governing body (					2
		lumber of independent voting members of the gov					2
Activities &		otal number of individuals employed in calendar y					0 2
Ęi		otal number of volunteers (estimate if necessary)					0.
Ac	l	otal unrelated business revenue from Part VIII, col					0.
_	D I	let unrelated business taxable income from Form S	990-1, line 39	·····		· 1	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)			Prior	0.	0.
ine	l	·				0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)			0.	333,833.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.
	l	otal revenue - add lines 8 through 11 (must equal				0.	333,833.
		Grants and similar amounts paid (Part IX, column (A				0.	0.
	1	Benefits paid to or for members (Part IX, column (A				0.	0.
ω	45 6	Salaries, other compensation, employee benefits (F				0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li				0.	0,
ē	b 1	otal fundraising expenses (Part IX, column (D), line		^			
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			15.	2,095,916.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)			15.	2,095,916.
_		Revenue less expenses. Subtract line 18 from line 1	12			-15.	-1,762,083.
t Assets or				Ве	eginning of (	Current Year	End of Year
sets	20 ⊺	otal assets (Part X, line 16)				118,574.	29,477,598.
Net As	21 7	otal liabilities (Part X, line 26)				116,816.	31,237,923.
		Net assets or fund balances. Subtract line 21 from	line 20			1,758.	-1,760,325.
	art II	Signature Block	Sanda di Sana and and an and an and and an an and and			4b - b t - f	Local dada and ball of the
		ies of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true	, correct	and complete. Declaration of preparer (other than office	r) is based on all illiorniadon of wi	nch preparer	nas any kno	owieage.	
Cia:	_	Signature of officer				Date	
Sig		MARC BROCKLEHURST, SENIOR ACCOUNT.	ANT			- 410	
Her	e	Type or print name and title	1111				
		Print/Type preparer's name	Preparer's signature	Τ	Date	Check	PTIN
Paid		** * *	SARAH HINTZ		5/07/21	if self-employe	
	·	Firm's name CLIFTONLARSONALLEN LLP				Firm's EIN	41-0746749
		Firm's address 8390 EAST CRESCENT PARKW.	AY, SUITE 300		<u></u> '	O LIN	
	,	GREENWOOD VILLAGE, CO 80				Phone no. (303	3) 779-5710
May	the IR	S discuss this return with the preparer shown above					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	X
1	Briefly describe the organization's mission:	
	THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR	
	EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION	
	501(C)(3) OF THE INTERNAL REVENUE CODE, AND SPECIFICALLY FOR THE	
	PURPOSE OF LEASING OR HOLDING TITLE TO REAL AND/OR PERSONAL PROPERTY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l 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	
	revenue, if any, for each program service reported.	ar experience, aria
 4а	(Code:) (Expenses \$ 2,095,916.       including grants of \$       0. ) (Revenue \$	0.)
40	PROVIDED FINANCIAL SUPPORT FOR THE DAY TO DAY OPERATIONS OF THE	
	MONUMENT ACADEMY.	
	MONOMENT ACADEMI.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4-	(6.1	
4c	(Code:) (Expenses \$	J
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 2,095,916.	
		Form <b>990</b> (2019)

51-0506848

# Form 990 (2019) MONUMENT ACADEMY F Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
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	40-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
13		14a		X
14a		144		
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	110		
	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	<u>.                                   </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		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

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Form **990** (2019)

Par	1 V Checklist of Required Schedules (continued)	40	Р	age 4
ı aı	The officering of required officering (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	1
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
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			
	Enter the number of Points W-2d included in line 1a. Enter 10-11 not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
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		1506848	Р	age <b>5</b>
Par	rt 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,			X
b	, , , , , , , , , , , , , , , , , , , ,			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a				
	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).			
				Х
		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<sub>v</sub>
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	· · · · · · · · · · · · · · · · · · ·			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			_ A
g				
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8-C? <b>7h</b>		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the appropriate appropriate production makes any topological distributions and appropriate ACCCO	9a		
b				
10	Section 501(c)(7) organizations. Enter:			
b				
11	Section 501(c)(12) organizations. Enter:			
	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		
	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			
С				
14a		14a		Х
b	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

MONUMENT ACADEMY FOUNDATION Form 990 (2019) 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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? 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 in 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 in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? a 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 in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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

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) available
	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, 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 MARC BROCKLEHURST - 719-481-1950 1150 VILLAGE RIDGE POINT, MONUMENT, CO 80132

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((	C)	_		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both or/trus	n an	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				٥		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tri		loyee	ompic e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1\ MADO MONTI I TAMO	line)	Ĕ	Ë	# <sub>0</sub>	Ş.	불'등	혼			
(1) MARC MCWILLIAMS PRESIDENT	1.00	х		х				0.	0.	0.
(2) MELANIE STROP	1.00	^		^				0.	0.	0.
TREASURER	4.00	х		х				0.	0.	0.
	1.00	<del></del>		<del></del>				· .	•	<u> </u>
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Form 990 (2019)

Form 990 (2019) MONUMENT ACAI	DEMY FOUNDA	TIO	N						51-05	0684	8	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)		Average hours per week  (list any hours for related ganizations below   Description   Description		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	3	am comp fro orga and	(F) imate ount of other oensation the anization	of tion e on ed			
	11110)	흐	Ë	10	Α.	E E	요						
		-											
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	•			
compensation from the organization											1	Yes	0 <b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on			103	140
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su											4		х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											-		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mnensated inc	lone	nde	nt cc	ntra	ector	re th	ast received more than \$	100 000 of comp	encat	ion fro		
the organization. Report compensation for										Crisal			
<b>(A)</b> Name and business	addross	170						<b>(B)</b> Description of s	onvicos	_	(C) ompen		•
Name and business	addicss	NO:	NE				1	Description of s	CIVICCS		Ompen	Sation	
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (ii	•	ot lin	nited	d to t		se lis O	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zaliUII 🚩										Form <b>9</b>	<b>990</b> α	2019)

Form	1 99	0 (2	-010/			DEMY F	OUNDATION			51-050684	.8 Page <b>9</b>
Pa	rt \	/	Statement of Rev	ven	ue						
			Check if Schedule O	onta	ains a ı	respons	e or note to any l				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
s is	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ē,		С	Fundraising events			1c					
ifts ar A						1d					
s, G nik		e Government grants (contributions) 1e									
Sis			All other contributions, gifts,								
outi			similar amounts not included	-		1f					
ltri O		g	Noncash contributions included in I	ines 1	1a-1f	1g \$					
Cor		h	Total. Add lines 1a-1f				<b>&gt;</b>				
							Business Code				
Ð	2	а									
vic.		b									
Sel		С									
Program Service Revenue		d									
ogra Re		е									
Pro		f	All other program service	eve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
	other similar amounts)						<b>&gt;</b>	333,833.			333,833.
	4		Income from investment o								
	5		Royalties	<u></u>			<b>&gt;</b>				
					(i)	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				<b>)</b>				
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
evenue		С	Gain or (loss)	7с							
Re		d	Net gain or (loss)				<b></b>				
Other R	8	а	Gross income from fundraising	ıg ev	ents (n	ot					
ð			including \$								
			contributions reported on								
			Part IV, line 18				а	4			
			Less: direct expenses			·····	b				
			Net income or (loss) from				<b>_</b>				
	9	а	Gross income from gamin	-							
			Part IV, line 19				a	4			
			Less: direct expenses				b				
			Net income or (loss) from				<u></u>				
	10	а	Gross sales of inventory, le								
			and allowances					-			
			Less: cost of goods sold				Ob				
_		С	Net income or (loss) from	sales	s ot inv	entory	Business Code				
ns	4.4	_									
eo ue	11	a b							1		
alla Ven		C									
liscellaneous Revenue			All other revenue					1		1	
_								<u> </u>	·	·	<u> </u>

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333,833.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

#### 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, Management and general expenses Total 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 Legal Lobbying Professional fundraising services. See Part IV, line 17 34,769. 34,769. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 13,314 13,314. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ..... 12 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 1,298,230. 1,298,230, 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DEBT ISSUANCE COSTS 749,603. 749,603. b С d All other expenses 2,095,916 2,095,916 0 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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# Form 990 (2019) Part X | Balance Sheet

2ar	t X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,758.	1	1,758		
	2	Savings and temporary cash investments			2	9,190,676	
	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					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
8	9	Donat did company and defended by the company				9	
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	10a	20,285,164.			
	b	Less: accumulated depreciation			116,816.	10c	20,285,16
	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 ea		118,574.	16	29,477,59	
	17	Accounts payable and accrued expenses		116,816.	17	1,557,02	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20	28,950,00	
	21	Escrow or custodial account liability. Complet				21	
ູ	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
<u> </u>		controlled entity or family member of any of the			22		
Ĕ	23	Secured mortgages and notes payable to unre			23		
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	730,90
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			116,816.	26	31,237,92
		Organizations that follow FASB ASC 958, c					
se l		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions				27	
Ra	28	Net assets with donor restrictions				28	
2		Organizations that do not follow FASB ASC					
ᄀ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds		1,758.	29	-8,663,07
Set	30	Paid-in or capital surplus, or land, building, or			0.	30	3,558,31
Ass	31	Retained earnings, endowment, accumulated			0.	31	3,344,439
Net Assets or Fund Balances	32	Total net assets or fund balances			1,758.	32	-1,760,32
-	33	Total liabilities and net assets/fund balances		1	118,574.	33	29,477,598

Form **990** (2019)

Form **990** (2019)

51-0506848

Form 990 (2019)

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			,833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,095,	916.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,762,	,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	758.
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,				
	coluṃn (B))	10	-1	,760,	325.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Cother SEE SCH, O		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 Sing	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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

932012 01-20-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **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 or 990-EZ).) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 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 in 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 2,095,916 2,095,916. 0.

## 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
						dule A (Form 990	

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### 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Γ	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

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## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1	Х	
2		Х
3a		Х
3b		
3с		
4a		X
4b		
4c		
5a		Х
5b		
5с		
6		Х
7		Х
8		Х
9a		Х
9b		Х
9с		Х
10a		Х
10b		

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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	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		100	110
·	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		
Sec	tion D. All Type III Supporting Organizations			
	71 11 5 5		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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.	401.01.0)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	r age <b>o</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-Fur	nctionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)			
Secti	ion D - Distributions			,	Current Year		
1	Amounts paid to supported	organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform ac	tivity that directly furthers exemp	t purposes of supported				
	organizations, in excess of in	ncome from activity					
3	Administrative expenses pai	d to accomplish exempt purpose	s of supported organizations	3			
4	Amounts paid to acquire exe						
5	Qualified set-aside amounts	(prior IRS approval required)					
6	Other distributions (describe						
7	Total annual distributions.	Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive							
	(provide details in Part VI). S	See instructions.					
9	Distributable amount for 201	19 from Section C, line 6					
10	Line 8 amount divided by lin	e 9 amount		T			
			(i)	(ii)	(iii)		
Secti	ion E - Distribution Allocatio	ons (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distributable amount for 201	9 from Section C, line 6					
2	Underdistributions, if any, fo	r years prior to 2019 (reason-					
	able cause required- explain	in Part VI). See instructions.					
3	Excess distributions carryov						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistribution						
	Applied to 2019 distributable						
i_		,					
<u>j</u>	Remainder. Subtract lines 3						
4	Distributions for 2019 from S	Section D,					
	line 7:	\$					
	Applied to underdistribution						
	Applied to 2019 distributable						
	Remainder. Subtract lines 4						
5	Remaining underdistribution						
	•	a from line 2. For result greater					
	than zero, explain in Part VI						
6	•	s for 2019. Subtract lines 3h					
		t greater than zero, explain in					
7	Part VI. See instructions.	over to 2020. Add lines 2i					
7	Excess distributions carryonand 4c.	JVGI LU ZUZU. MUU IIIIES OJ					
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2010						

Schedule A (Form 990 or 990-EZ) 2019

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.)
	(and the state of

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MONUMENT ACADEMY FOUNDATION

**Employer identification number** 

51 - 0506848

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a						
	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 eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements if						
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation easements during the year				
7	Amount of avanages incurred in manitoring increasing hand	lling of violations, and enforcing concernation	a accompate during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conservation	in easements during the year				
8	▶ \$ Does each conservation easement reported on line 2(d) above	to satisfy the requirements of section 170/b\/	(4)(D)(i)				
0	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
Ŭ	balance sheet, and include, if applicable, the text of the footr	•					
	organization's accounting for conservation easements.		to that december the				
Par		f Art, Historical Treasures, or Othe	er 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 95	8, not to report in its revenue statement and	d balance sheet works				
	of art, historical treasures, or other similar assets held for put						
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	·				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	lance sheet works of				
	art, historical treasures, or other similar assets held for public						
	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 tre						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1		• \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019				

932051 10-02-19

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	Contir	nued)	agc —
3	Using the organization's acquisition, accession								100,,,,,	,,,,,	
	collection items (check all that apply):			•		_					
а	Public exhibition	d		Loan or exc	hange 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 purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	ets not in	cluded		_		
	on Form 990, Part X?								Yes		No
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 Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial accou	ınt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10	).				
		(a) Current year	(b) P	rior year	(c) Two years	s back (	<b>d)</b> Three y	ears back	<b>(e)</b> Four	r year	s 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	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administere	ed for the	organiza	ation	,		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		₩
	(ii) Related organizations								3a(ii)		$\bot$
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		$\perp$
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	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			or other (other)	. ,	cumulate reciation		(d) Boo	k val	ue
1a	Land			1	,546,660.				1,	546	,660.
	Buildings			18	,738,504.						,504.
	Leasehold improvements								<i></i>		
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B) line 1	0c.)			<b></b>	20,	285	,164.
	, igainii iga mast c	urt	, Joint	<u>,=,, mio 1</u>	<u>v</u>			Schedule	D /Forn	n 990	1) 2019

	Investments - Other Securities.		
( ) D :	Complete if the organization answered "Yes"		
• • •	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
•	al derivatives		
	held equity interests		
Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>(9)</b> otal. (Col. (1	b) must equal Form 990, Part X, col. (B) line 13.)		
(9)	Other Assets.	on Form 000 Part IV line	11d See Form 000 Part V line 15
<b>(9)</b> <b>tal</b> . (Col. (I	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I Part IX	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.  (b) Book value
(9) tal. (Col. (I Part IX	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets.  Complete if the organization answered "Yes"	Description	(b) Book value
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets.  Complete if the organization answered "Yes" (a)  (a)	Description  15.)	(b) Book value
(9) tal. (Col. (I) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a)	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col. (I) Part X	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column X	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (41. (Columerat X)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column A) (1) Fed (2) (3)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columno of the columno	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column X)  (1) Fed (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value
(9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column of the column of the c	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value

932053 10-02-19

Schedule D (Form 990) 2019

51-0506848

Par	t XI Reconciliation of Revenue per Audited Financia	Statements With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	333,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	333,833.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 12.)	5	333,833.
Pai	t XII Reconciliation of Expenses per Audited Financia	al Statements With Exp	enses per Retur	า.
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	22,264,264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	22,264,264.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b $\ldots$	4a		
b	Other (Describe in Part XIII.)	4b	20,168,348.	
С	Add lines 4a and 4b			-20,168,348.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)	5	2,095,916.
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information		
חמאח	VII IINE AD OMIED ADTHOMENMO.			
PARI	XII, LINE 4B - OTHER ADJUSTMENTS:			
СУБТ	TAL OUTLAY	-20,168,348.		
	IIII OOIIIII	20,100,340.		

#### 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.

2019
Open to Public Inspection

Name of the organization

**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	( <b>g</b> ) De	efeased	( <b>h)</b> On of is		(i) Po	
								Yes	No	+	_	Yes	_
						CONSTRUCTION	N OF HIGH	1.00	110	100	110	100	
A PUBLIC FINANCE AUTHORITY	27-3866124	74442EEK2	07/09/19	28.7	25,000.	SCHOOL			x	ı	х		х
									$\dagger$				
В										ı			l
С										ı			ĺ
D										ı			l
Part II Proceeds													
			Δ.	1		В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
			2.0	,725,000.									
4 Gross proceeds in reserve funds				909,625.									
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows									$\bot$				
7 Issuance costs from proceeds				570,140.					Щ				
8 Credit enhancement from proceeds									Щ				
9 Working capital expenditures from proc	eeds												
10 Capital expenditures from proceeds			27	,245,235.					$\bot$				
11 Other spent proceeds									$\bot$				
12 Other unspent proceeds													
13 Year of substantial completion									+		—		
			Yes	No	Yes	No	Yes	No	+	Yes	$-\!\!\!\!+\!\!\!\!\!-$	No	
<b>14</b> Were the bonds issued as part of a refu	-	· · · · · · · · · · · · · · · · · · ·											
if issued prior to 2018, a current refund				Х					+		+		
Were the bonds issued as part of a refu	-	•		.,									
issued prior to 2018, an advance refund				Х			<del>                                     </del>		+		+		
16 Has the final allocation of proceeds bee			Х				<del>                                     </del>		+		+		
17 Does the organization maintain adequa		• •	x										
final allocation of proceeds?  I HA For Paperwork Reduction Act Notice			А							dule K		_	

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

Schedule K (Form 990) 2019

 Schedule K (Form 990) 2019
 MONUMENT ACADEMY FOUNDATION
 51-0506848
 Page 2

Par	t III Private Business Ose									
			Α		E	3		С	<u> </u>	)
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							
За	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		ı					•		
	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
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							l		
	section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.00	%		%		%		%
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							1		
	of			%		%		%		%
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?	x								
Par	t IV Arbitrage		·I							ı
			Α		E	3		С	Г	)
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?									•
	Rebate not due yet?	Х								
	Exception to rebate?		Х							
	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							

Schedule K (Form 990) 2019 MONUMENT ACADEMY FOUNDATION 51-0506848 Page 3

Part	IV Arbitrage (continued)								
			4	ı	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						
	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	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?		X						
7	Has the organization established written procedures to monitor the requirements of								
	section 148?	Х							
Part	V Procedures To Undertake Corrective Action								
			Α	I	В		2		)
	Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
	federal tax requirements are timely identified and corrected through the voluntary								
	closing agreement program if self-remediation isn't available under applicable								
	regulations?	Х							
Part	VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					

#### **SCHEDULE 0**

(Form 990 or 990-EZ) 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 990-EZ.

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

OMB No. 1545-0047 Inspection

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.
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:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST

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

#### **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 FOUNDATION

► 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) 2019

51-0506848

(a)	(b)	(c)	(d)	(e)	)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	• • • • • • • • • • • • • • • • • • •	controlling ntity	g	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more related tax-exe	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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
MONUMENT ACADEMY CHARTER SCHOOL - 27-0014128								
1150 VILLAGE RIDGE POINT								
MONUMENT, CO 80132	SCHOOL	COLORADO	501(C)(3)	LINE 2	N/A		Х	
MONUMENT ACADEMY BUILDING CORPORATION -	OWNS AND LEASES SCHOOL							
26-1401850, 1150 VILLAGE RIDGE POINT,	FACILITIES TO MONUMENT							
NUMENT, CO 80132	ACADEMY	COLORADO	501(C)(3)	LINE 12B, II	MONUMENT ACADEMY		Х	
	_							
	-							

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)	Predominant income (related, unrelated, excluded from tax under	Share of total income			ortionate 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 2

Part V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one of	or more re	elated organizations listed i	n Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
	Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х				
f Dividends from related organization(s)											
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
•					_						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х					
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х					
					10	Х					
р	Reimbursement paid to related organization(s) for expenses				1p		х				
	Reimbursement paid by related organization(s) for expenses				1a		Х				
٩	Troinibalounionic paid by Tolated Organization(b) for expenses				-14						
r	Other transfer of cash or property to related organization(s)				1r		х				
					1s		Х				
	If the answer to any of the above is "Yes," see the instructions for information on who must con										
				·							
	(a) Name of related organization  (b) Transa type (	ction	(c) Amount involved	(d) Method of determining amount invo	olved						
(1)											
(2)											
(3)											
(4)											
(5)											

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	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

due date for filing your

return. See instructions

# 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)

MONUMENT ACADEMY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

1150 VILLAGE RIDGE POINT

MONUMENT, CO 80132 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11

n 990-1 (trust other than above) 06 Form 8870			12		
MARC BROCKLEHURST					
he books are in the care of   1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132					
Telephone No. ► 719-481-1950 Fax No. ►					
the organization does not have an office or place of business in the United States, check this box			▶ □		
this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	nis is fo	r 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	memb	ers the exte	ension is for.		
I request an automatic 6-month extension of time untilMAY 17, 2021, to file the	he exempt organization return for				
the organization named above. The extension is for the organization's return for:					
calendar year or					
·					
		_			
If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	n			
· · · · · · · · · · · · · · · · · · ·					
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					
any nonrefundable credits. See instructions.	3a	\$	0.		
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.		
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.		
	The books are in the care of   1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132  Telephone No. 719-481-1950  Fax No. Fax	MARC BROCKLEHURST The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132  felephone No. ▶ 719-481-1950 Fax No. ▶  Ithe organization does not have an office or place of business in the United States, check this box  Ithis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is fo  If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members.  I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exemption or the organization named above. The extension is for the organization's return for:  □ calendar year or	MARC BROCKLEHURST The books are in the care of ▶ 1150 VILLAGE RIDGE POINT - MONUMENT, CO 80132  felephone No. ▶ 719-481-1950 Fax No. ▶  it the organization does not have an office or place of business in the United States, check this box  it this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole  ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the external request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization named above. The extension is for the organization's return for:  ▶ calendar year or request a return or request an automatic formation or request an automatic formation is for the organization's return for:  ▶ calendar year or request an automatic formation is for the organization's return for:  ▶ calendar year or request formation or formation is for less than 12 months, check reason: Initial return Final return change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		

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

Form **8868** (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment