Prospective Business Solutions LLC 26 W Dry Creek Circle, Suite 600 Littleton, CO 80120

Academy of Urban Learning 2417 West 29th Avenue Denver, CO 80211

Prospective Business Solutions LLC 26 W Dry Creek Circle, Suite 600 Littleton, CO 80120 720-217-6601

December 19, 2022

CONFIDENTIAL

Academy of Urban Learning 2417 West 29th Avenue

Denver, CO 80211

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Prospective Business Solutions LLC

Filing Instructions

Academy of Urban Learning

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 shows no balance

due.

Signature: You have previously signed and returned Form 8879-TE, IRS *e-file* Signature Authorization

for an Exempt Organization. No further action is required.

Other:	Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

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Academy of Urban Learning 2417 West 29th Avenue Denver, CO 80211

IRS e-file Signature Authorization for a Tax Exempt Entity

6/30 22,20.....

2021

Form 8879-TE

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN

Academy of Urban Learning

74-3043068

Name and title of officer or person subject to tax Marisa Mora

Chair

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a,

5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,823,413
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	. 8b
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	. 9b ————
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22	ː) 10b
Part II Declaration and Sig	nature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that	I am an officer of the above entity or I am a person subject to tax v	with respect to (name
of entity)	, (EIN) — and that I have ex	
3,	schedules and statements, and, to the best of my knowledge and belief, they	
	nt in Part I above is the amount shown on the copy of the electronic return. I c	
•	or electronic return originator (ERO) to send the return to the IRS and to rece	
an acknowledgement of receipt or reason	for rejection of the transmission, (b) the reason for any delay in processing the	ne return or refund,
and (c) the date of any refund. If applicab	le, I authorize the U.S. Treasury and its designated Financial Agent to initiate	an electronic funds
withdrawal (direct debit) entry to the finan	cial institution account indicated in the tax preparation software for payment of	of the federal taxes
owed on this return, and the financial inst	itution to debit the entry to this account. To revoke a payment, I must contact t	the U.S. Treasury
Financial Agent at 1-888-353-4537 no late	er than 2 business days prior to the payment (settlement) date. I also authoriz	e the financial
	he electronic payment of taxes to receive confidential information necessary t	•
resolve issues related to the payment. I h	ave selected a personal identification number (PIN) as my signature for the el	lectronic return and, if

PIN: check one box only

applicable, the consent to electronic funds withdrawal.

X lauthorize Prospective Business Solutions LLC to enter my PIN 43068 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically
filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as
part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

Date \square 12/16/22

Signature of officer or person subject to $\tan\Box$

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.

84150643068

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 🛮 Uli	Keeley	CPA
------------------------------	--------	-----

Date | 12/19/22

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

or I	Privacy Act and Paperwork Reduction Act Notice, see back of form. Return of Organization Exempt From Income Tax	OMB No. 1545-0047		Form 8879-TE (2021)		
ו	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	2021				
9	foundations) ► Do not enter social security numbers on this form as it may be made public.	Open to Public Inspection				
9	► Go to www.irs.gov/Form990 for instructions and the latest information.	mspection				
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ne of						
e ea						
ıry ter						
al eve						
ue ervi						
9	Briefly describe the organization's mission or most significant activities:	<u> </u>				
æ	Provide educational services to at-risk high school students.					
rnanc						
Activities & Governance						
rities 8						
Activ		250/ of its not speci				
	2 Check this box ► if the organization discontinued its operations or disposed of more than					
	3 Number of voting members of the governing body (Part VI, line 1a)		310			
	Number of independent voting members of the governing body (Part VI, line 1b)		4	10		
	number of individuals employed in calendar year 2021 (Part V, line 2a)		5	40		
	Total number of volunteers (estimate if necessary)		6	10		
	7aTotal unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11		7a	0		
	·		7b	0		
9	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year		
Revenue	9 Program service revenue (Part VIII, line 2g)	340,2		532,403		
œ		2,126,9	_	2,290,429		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	298	581		
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,9		0		

	Form 990 (2021) Academy of Urban Learning 74-304	13068	<u>Page</u> 2
		2,471,399	2,823,413
9	Opents and circiles are suit (Port IV, column (A) lines (L2)		0
ense	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
Ä	Benefits paid to or for members (Part IX, column (A), line 4)Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,421,010	1,470,150
	16aProfessional fundraising fees (Part IX, column (A), line 11e) b		0
	Total fundraising expenses (Part IX, column (D), line 25) ►0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18	598,886	744,847
	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,019,896	2,214,997
	Revenue less expenses. Subtract line 18 from line 12	451,503	608,416
ts or		Beginning of Current Year	End of Year
Asse	20 Total assets (Part X, line 16)	1,837,203	2,069,358
E.E.	21 Total liabilities (Part X, line 26)	1,532,877	1,156,616
	Net assets or fund balances. Subtract line 21 from line 20	304,326	912,742

Α							
В	Check if applicat	D Employer identification number					
L	Address change						
Г	Name change	Doing business as		74-3043068			
\vdash	1 Warne Change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
\perp	Initial return	2417 West 29th Avenue		303-282-0900			
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code					
	1	Denver CO 80211		G Gross receits 2,823,413			
\vdash	Amended return	F Name and address of principal officer:		. ,			
	Application pend		a group return for subordinates X No				
		2417 West 29th Avenue	, , ,	bordinates included:			
		Denver CO_80211	If "No.	" attach a list. See instructions			
I	Tax-exempt status:	▼ 501(c)(3)					
J	Website: □ w	www.auldenver.org	H(c) Group ex	emption number			
ĸ			ear of formatio	005 M State of legal domin@			
	Part I Summary						

For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22

Part II	Signature Block						
•		eturn, including accompanying schedules and statemen officer) is based on all information of which preparer ha			•	wledge and b	elief, it
Sign Here	Signature of officer Date Marisa	Mora Chair					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date		Check X if	PTIN	
	Uli Keeley CPA	Uli Keeley CPA	12/1	9/22	self-employed	P0228868	0
Paid Preparer	Firm's name			Firm's EIN □			
Use Only	26 W Dry Cree	k Circle, Suite 600					
	Firm's address [] Littleton, CO 80120			Phone	no. 720 -2	217-660)1
May the IR	S discuss this return with the preparer shown a	bove? See instructions				X Yes	No

DAA

Part III Statement of Program Service Accomplishments	_
Check if Schedule O contains a response or note to any line in this Part III	<u>L</u> _
Briefly describe the organization's mission:	
Provide educational services for at-risk high school student	:s
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. Did the organization cease conducting, or make significant changes in how it conducts, any program	П
	Ш
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three largest program services, as meass expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
total expenses, and revenue, if any, for each program service reported.	o oniers, me
Provide a rigorous and relevant high school diploma for yout	on who heed
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extensive wraparound services to succeed academically and matransition to careers, future educational opportunities and sufficiency.	ake the economic sel

4d	Other program services (Describe on	Schedule O.)	(Revenu	J	
	(Expenses \$	including grants of\$) e	\$)
4e	Total program service expenses ►	975,766			

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,"			
2	complete Schedule A	1	<u> </u>	
3		2	X	
4	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
5	candidates for public office? If "Yes," complete Schedule C, Part I	4		x
3	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
6	election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		X
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			,,
7	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	6		<u> </u>
8	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? <i>If</i>	7		x
9	"Yes," complete Schedule D, Part I	8		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
10	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			
10	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	9		X
11	complete Schedule D, Part III	10		x
а	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
b	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	11a	X	
С	or in quasi endowments? If "Yes," complete Schedule D, Part V			T
d		11b		<u> </u>
e	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	11c		х
f	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ا ا	x	
	complete Schedule D, Part VI	11d 11e	X	
12a				_
h	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.	11f		x
b	on its total assets reported in Part X, line 16? If Yes, complete Scriedule D, Part VII			
13	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	12a	X	
14a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	406		x
b	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	12b 13	x	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	14a		
15	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	174		X
16	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i>	14b		X
17	"Yes," complete	15		x
18	Schedule D, Parts XI and XII			T.,
4-	Was the organization included in consolidated, independent audited financial statements for the tax year? If	16		<u> </u>
19	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	17		х
20a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	18		х
_				

	Form 990 (2021) Academy of Urban Learning 74-3043068			Page 7
	Did the organization maintain an office, employees, or agents outside of the United States?			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	19		X
	business, investment, and program service activities outside the United States, or aggregate foreign investments	20a		X
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	20b		
	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			
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			
	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			
	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			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Pa	art IV Checklist of Required Schedules (continued)			•
22			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	X	
	employees? If "Yes," complete Schedule J			
h	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	24a		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>	24a		+
Ū	through 24d and complete Schedule K. If "No," go to line 25a			
d		240		
25a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24c 24d		+
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			_
b	to defease any tax-exempt bonds?			x
		25a		
26	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25b		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
27	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?	26		X
	If "Yes," complete Schedule L, Part I			
	Did the constitution and account of Bod V. For Europe for a contract of the formation of the constitution of the contract of t			
28	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or	27		x
а	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the			
	organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
b	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%			
С	controlled entity (including an employee thereof) or family member of any of these	28a		X
	persons? If "Yes," complete Schedule L, Part III	28b		Х
:9	position in the companie of the control of the cont			

	Form 990 (2021) Academy of Urban Learning 74-3043068			P	<u>age_</u> 8
30	Was the organization a party to a business transaction with one of the following parties (see the				,,
31	Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28c			X
32	"Yes," complete Schedule L, Part IV	29			X
	rea, complete contention 2, rantiv	30			x
33	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	31			х
34	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	32			X
35a	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>				x
b	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	33			^
36	conservation contributions? If "Yes," complete Schedule M	34			x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	35a			х
37	Part IDid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
38	complete Schedule N, Part II	35b			
	Did the experimetion our 1000/ of an antity discognided as conserts from the experimetion under Deculations	36			x
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	36			
		37			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				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				
	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 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				
	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 VIDid				
	the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х		
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	,			
	Check if Schedule O contains a response or note to any line in this Part V				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
			4-		
Part	reportable gaming (gambling) winnings to prize winners? t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1c	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
b	Statements, filed for the calendar year ending with or within the year covered by this return	2b			
3a b	If at least one is reported on line 2a, did the organization file all required federaltions. ^{3?} employment tax		Х		
4a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file.dule</i> See instru Oher	3a 3b			Х
b	Did the organization have unrelated business gross income of \$1,000 or more during _a the year? ncial ithority over,	4a			x
5a k	bc If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an</i>	-+a			
6a	explanation on Sche At any time during the calendar year, did the organization have ial Ac	5a			X

	Form 990 (2021) Academy of Urban Learning 74-30	43068		<u>Page</u> 9
b	an interest in, or a signature or ot a financial account in a foreign country (such as a	r?on?	5b	X
	bank account, securities account, or other fina	nsacti	5c	
7 a		•		
bс	The real and harms of the foreign country	id the	6a	x
D C	See instructions for filing requirements for FinCEN Form 114, Report of Foreign		"	
defgh	Bank and Finan	s or	6b	
8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea			
	Did any taxable party notify the organization that it was or is a party to a prohibited	for g		
9 a	tax shelter tra	·····ods	7a	
ь 10 а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	it was	7b	
10 a b				
- 11 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that were not tax deductible as	7d	7c	
b	charitable contributions? If "Yes," did the organization include with every solicitation	1		
	an express statement that such contri			
12a b	·	fit contract?	7e	
13 a b	gifts were not tax deductible?	ontract?	7f	
С	Organizations that may receive deductible contributions under section 170(c).	e Form 8899 as required?	7g	
14a b 15	Did the organization receive a payment in excess of \$75 made partly as a	e Form 6699 as required?	7h	
	contribution and partly	nization file a Form	/"	
	and consider provided to the never?	1098-C? ained by the		
16			8	
47	If "Yes," did the organization notify the donor of the value of the goods or services		9a	
17	provided? Did the organization sell, exchange, or otherwise dispose of tangible)	9b	
	personal property for which			
	required to file Form 8282?			
		10a		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben	10b		
	Did the organization, during the year, pay premiums, directly or indirectly, on a			
	personal benefit c	11a		
	If the organization received a contribution of qualified intellectual property, did the			
	organization fil If the organization received a contribution of cars, boats, airplanes, or other vehicles,	11b -	l l	
	did the org Sponsoring organizations maintaining donor advised funds. Did a	-orm 12b 1041?	12a	
	donor advised fund maint sponsoring organization have excess business holdings at			
	any time during the year? Sponsoring organizations maintaining donor			
	advised funds.		13a	
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor			
	advisor, or related person?	13b		
	Section 501(c)(7) organizations. Enter:	130		
	Initiation fees and capital contributions included on Part VIII, line 12		14a	х
	Orace receipts included an Form 000 Port VIII line 10 for public use of alub		14b	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:		15	x
	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.)		16	x
			10	

	Form 990 (2021) Academy of Orban Learning 74-3043068		<u></u> E	<u>'age_</u> 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form			
	990 in lieu of If "Yes," enter the amount of tax-exempt interest received or accrued			
	during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note: See the instructions for additional information the organization must report on Schedule O. 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			
	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 explana Schedule O			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000 remuneration or			
	excess parachute payment(s) during the year?			
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on investment income?			
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine			
	operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	17		
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schelinstructions.			"No"
	Check if Schedule O contains a response or note to any line in this Part VI		X	
Se	ection 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 10			
	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 2	Enter the number of voting members included on line 1a, above, who are independent	1		
3	with	2		x
3	any other officer, director, trustee, or key employee?	3		x
4	Did the organization delegate control over management duties customarily performed by or under the	4		Х
5 e	direct supervision of officers, directors, trustees, or key employees to a management company or	5		х
6 7a	other person? Did the organization make any significant changes to its governing documents since the prior Form 99	6		X
b	was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	7a		х
8	Did the organization have members or stockholders?	7b		x
a b 9	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	ring:		
3			X	1

	Form 990 (2021) Academy of Urban Learning 74-3043068		<u>P</u>	<u>age</u> _11
	one or more members of the governing body?	8b	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?			
	Did the organization contemporaneously document the meetings held or written actions undertaken du the follo			
	The governing body?			
	Each committee with authority to act on behalf of the governing body?			
	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal F	evenu	ie Code.	;
10a			Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12a b		11a		Х
c	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	igspace
14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	х	
	describe on Schedule O how this was done	12c		X
а		13		X
b	Did the organization have a written whistleblower policy?	. 14		X
16a	Did the organization have a written document retention and destruction policy?			
b	Did the process for determining compensation of the following persons include a review and approval by	15a	x	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b		х
	The organization's CEO, Executive Director, or top management official			
	Other officers or key employees of the organization	16a		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
S	ection 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 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	501(c)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po financial statements available to the public during the tax year.	licy, and	d	

Form 990 (2021) Academy of Urban Learning 74-3043068

Page 12

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

AUL

2417 W 29th Avenue

Denver CO 80211 303-282-0900

Form 990 (2021) Academy of Urban Learning 74-3043068

Page 13

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	box	k, unle		rson i	s botl	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and	
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NIEC)	1099-NEC)	related organizations	
(1)Jennifer Jacks	n										
School Director	40.00										
	0.00					X		156,250	0	0	
(2)Sara Jean Banks	2.00										
Board Member	0.00	x						o	0	0	
(3)Abby Bohannan	2.00										
Secretary	0.00	x		x				0	0	0	
(4)Thomas Bryan	2.00										
Board Member	0.00	x						o	0	0	
(5)Cameron Burke	2.00										
Treasurer	0.00	x		x				0	0	0	

(6)David Guillen	2.00						
Board Member	0.00	x			0	0	0
(7)Tatiana Jafari	2.00						
Board Member	0.00	x			0	0	0
(8)Tomei Kuehl	2.00						
Board Member	0.00	x			0	o	0
(9)Marisa Mora	2.00						
Chair	0.00	x	X		0	0	0
(10)Colin Heng Pat	on						
	2.00						
Board Member	0.00	x			0	o	0
(11)Elie Zwiebel	2.00						
Board Member	0.00	x			0	o	0

Part VII Section A. Office	of Urban	L	ea ees.	rn: Kev	in En	g nplo	vee	74-304	3068 sated Employees(continue	ed)	E	Page 8
(A) Name and title	e and title Average box hours offi					e than is bot or/trus	one th an stee)	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amoun of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compens employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the ganization an ted organizati	d
						ated						
		_										
dh Cultural							L	156.050				
1b Subtotal c Total from continuation s	neets to Part VI	l, Se	ctio	n A				156,250				
Total (add lines 1b and 1c Total number of individuals reportable compensation from	(including but no	t lim	nited -			e liste	ed a	156,250 above) who received more	than \$100,000 of			
											Yes	No
 Did the organization list any employee on line 1a? If "Ye. For any individual listed 	s <i>," complete Sch</i> on line 1a, is	nedu the	<i>le J</i> sum	for s	<i>uch</i> rep	<i>indi</i> ortab	vidu ole (ual compensation and other	compensation from the	3		х
5 Did any person listed on line	e 1a receive or a	 ICCTU	ie co	 ompe	nsa	ation	fron	m any unrelated organizat	ion or individual	4	х	
for services rendered to the Section B. Independent Control		"Ye	s," c	отр	lete	Sch	edu	ıle J for such person		5		Х
Complete this table for your compensation from the organization.										tax		
year. Name and	(A) I business address	3						Desc	(B) ription of services		(C Comper	

2/19/2	022 11:35 AM						
2	Total number of independer	nt contracto	ors (including b	out not limite	d to those listed above) who		
	received more than \$100,00	00 of comp	ensation from	the organiza	tion ►	0	
DAA	_	_		_		<u>.</u>	Form 990 (20
_	Academy t viii Statement o			rning	74-3043068		Page
Par	· · · · · · ·			sponse or	note to any line in this Part VI	II	
			(A)		(B)	(C)	(1
			Total revenue		Related or exempt	Unrelated	Rev
					function revenue	business revenue	
							un
							r 51
	4 Federated 4a						
	1 Federated 1a acampaigns		,				
활용	b						
Gran	cMembership dues 1c						
Gifts, lar A	d · · · · · · · · · · · · · · · · · · ·						
Simi Simi	f the events	420,01					
Contributions, Gifts, Grants and Other Similar Amounts		8					
Son	h organizations 1f	112,38 5					
		6					
	Government grants 1g .						
	(contributions)						
	All other						
	contributions, gifts, grants, and						
	similar amounts not included						
	above						
	Noncash contributions						
	included in						
	lines 1a-1f						
	Total. Add lines						
	1a–1f	-	532,403				
93		Business Code					
Servi	Per Pupil	61171			1,492,55	8	
Program Service Revenue	2 Revenue		,492,55				
Progr	a						
_	b Mill Levy	61171	468,171		468,17	1	
	d ^{Override}	61171	329,700		329,70	n	
	Α	1 077/1	JE9,100	l	323,10	~	

Fori	m 990 (2021)				17
	Path ^{ways}				
	·				
		2 200 4			
	►	2,290,4			
		29			
	All other program service				
	revenue				
	Total. Add lines 2a-2f				
				Г	
	3 Investment income (including		-04		
Jue .	dividends, interest, and	581	581		
Other Revenue	⁴ other similar amounts)				
ě	5				
ě	►				
_	6 Income from investment of				
	^a tax-exempt bond proceeds►				
	b				
	c Royalties				
	d				
	7				
	a Gross rents 6 (i) Real (ii) Personal				
	Less: rental a expenses 6	1			
	b Rental inc. or b				
	(loss) 6	1			
	Net rental c				
	d _{inco} ne or (loss)				
	8 Gross				
	a amount from · · · · · · · · · · · · · · · · · · ·				
	sales of (i) (ii) Other				
	assets other _ Securitie s				
	than 7	1			
	b. a				
	Less: cost or 7				
	other basis b	1			
	a exps.				
	Gain or b(loss)				
	CNet gain or				
	10 (loss) from				
	a ents				
	(not b including \$ 8a				
		1			
	or contributi				
	reported on 18 events				
	1c). See Pa ··· IV line ·······►				
	17, 1110				
	Less: direct				
	expenses 9a]			
	9b				
	Gross incom				
	ganning				
	activities. ₹►				
	line 19				
	expenses				
	100			ı	

			i		
	Gross sales 10				
	less ret allowances (loss) goods sold raisin				
	allowances (1055)				
	goods sold Taisin				
	(loss)				
	ing ac				
	• • • • • • • • • • • • • • • • • • • •				
	(loss)				
	ventor	►			
		Business			
		Code			
ž		Code			
Miscellaneous					
8		.			
<u></u>	-				
2					
	11				
	a. All other revenue				
	b				
	C	-			
	d Total. Add lines 11a-11d				
_	e				
	12 Total revenue. See instru	uctions 2,823,4	2,291,010	0	0
	_	1 13			

for any federal, state, or local public officials Conferences, conventions, and meetings

Interest

Payments to affiliates

Depreciation, depletion, and amortization

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.)

Other Prof Svc Expenses

Books and Periodicals

Non Capital Equipment e All other expenses

Total functional expenses. Add lines 1 through 24e 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)

District Services

19

20

21

23

Academy of Urban Learning 74-3043068 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**) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and 8b, 9b, and 10b of Part VIII. expenses general 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 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) 1,421,315 676,012 745,303 Other salaries and wages Pension plan accruals and contributions (include -128,65939,866 section 401(k) and 403(b) employer contributions) <u>-168,525</u> 156,941 Other employee benefits 156,941 20,553 20,553 Payroll taxes 10 Fees for services (nonemployees): Management 480 480 b Legal 54,259 54,259 Accounting Lobbying Professional fundraising services. See Part IV, line 1 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 4,337 4,337 12 12,469 12,469 Office expenses 13 Information technology 14 Royalties 15 130,531 130,531 16 Occupancy 21,998 21,998 17 Payments of travel or entertainment expenses

3,770

20,770

190,717

95,095

92,658

57,787 59,976

2,214,997

0

3,770

20,770

190,717

5,230

40,398

1,239,231

89,865

<u>92,658</u>

57,787 19,578

975,766

Page 19

DAA Schedule D

Academy of Urban Learning

74-3043068

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Academy of Urban Learning		3043068	
Part X Balance Sheet			
Check if Schedule O contains a response or note to any			
	(A) Beginning of year		(B) End of year
1 Cash—non-interest-bearing	1,154,507	1	1,492,363
2 Savings and temporary cash	, ,	2	, ,
3 Pledges and grants receivable net		3	
Accounts receivable net	67,172	4	142,160
4	,		,
5 Loans and other receivables from any			
current or former officer, director,		5	
trustee, key employee, creator or			
founder, substantial contributor, or 35% controlled entity or family		6	
member of any of these persons		7	
6 Loans and other receivables from		8	
other disqualified persons (as defined		9	12,958
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			,
7 Notes and loans receivable, net 10a 54, 6			
8 Inventories for sale or use 10b 49,1	9,306	10c	5,536
9 Prepaid expenses and deferred		11	
charges		12	
or other		13	
basis. Complete Part VI of Schedule D		14	
h Land and definition	606,218	15	416,341
b Less: accumulated depreciation	1,837,203		2,069,358
11 Investments—publicly traded securities			
12 Investments—other securities. See Part IV, line 11			
13 Investments—program-related. See Part IV, line 11			
14 Intangible assets			
15 Other assets. See Part IV, line 11			
16 Total assets. Add lines 1 through 15			
(must equal line 33)	705	17	
		18	
17 Accounts payable and accrued expenses		19	143,750
Accounts payable and accided expenses		20	143,730
18 Grants payable		21	
19 Deferred revenue		21	
Z0 Tax-exempt bond liabilities		22	I
			1

Form 990 (2021) Page 21 22 24 Loans and other 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 1,532,172 1,012,866 23 Secured mortgages and notes 1,532,877 1,156,616 payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D **26 Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► and complete lines Net Assets or Fund Balances 27 27, 28, 32, and 33. 28 27 28 29 Organizations that do not follow FASB ASC 958, 31 check here X and complete lines 29 through 304,326 912,742 32 304,326 912,742 33. 1,837,203 33 2,069,358 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances balances. Form **990** (2021)

Academy of Urban Learning

74-3043068

Part XI	Reconciliation of Net Assets		<u>_</u>
	Check if Schedule O contains a response or note to any line in this Part XI		
1		1	2,823,413
2 3		2	2,214,997
	revenue (must equal Part VIII, column (A), line 12)	3	608,416
v	expenses (must equal Part IX, column (A), line 25)	4	304,326
	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	
8 9 Net ur	nrealized gains (losses) on investments	6	
10	ed services and use of facilities	7	
Invest	ment expenses	8	
Prior p	period adjustments	9	
Other	changes in net assets or fund balances (explain on Schedule O)		

Form 990 (2021)		F	Page 22
32, column (B))	10	912	,742
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII		Yes	□ s No
		res	, NO
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on			\top
Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X If "Yes," o	check
a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate both:	basis	s, consolidated bas	sis, or
☐ 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 ba or both:	isis, c	onsolida ted basis,	
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the	audit review or	
compilation of its financial statements and selection of an independent accountant?			
	e orga	ariizatioi changeu	
either its oversight process or selection process during the tax year, explain on Schedule O.		111111	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Single Audit Act and OMB Circular A-133?		3 <mark>a X b</mark> if '	'Yes,"
did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit or	audits, explain wh	ny on
Schedule O and describe any steps taken to undergo such audits			

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			cadem	y of Urban Lea	rning		74-3043	068
	art I orga	nization i	s not a private foun	c Charity Status. (All dation because it is: (For linurches, or association of ch	es 1 through 12, che	eck only one box	x.)	ctions.
2 3 4 5 6 7	Ci	A hospital A media hospital ty, and start An organisection A feder An organise	ital or a cooperative cal research organizates canization operated for 170(b)(1)(A)(iv). (al, state, or local goanization that normal	hospital service organization are the benefit of a college of Complete Part II.) vernment or governmental III receives a substantial part (1)(1)(A)(vi). (Complete Part	on described in sect on with a hospital de r university owned o unit described in sec art of its support fron	ion 170(b)(1)(A escribed in section or operated by a ection 170(b)(1)(on 170(b)(1)(A)(iii). Enter	ed in
8 9		A comm An agri	nunity trust describe cultural research or or university or a ne	d in section 170(b)(1)(A)(vganization described in secon-land-grant college of agr	vi). (Complete Part II tion 170(b)(1)(A)(ix) operated in co	-	
10		gross re its support to acquired 11 12 out See com Typ givin	from gross investment by the organization of the purposes of one section 509(a)(3). In the purpose section 509(a)(3) and the purpose of one section 509(a) and the supporting organization	ganization operated, superviganization(s) the power to re	etions, subject to cerusiness taxable inconsection 509(a)(2). (Consection 509(a)(2). (Conse	tain exceptions; me (less section Complete Part III or public safety, penefit of, to per ribed in section escribes the typ y its supported of	and (2) no more than 331 and (2) no more than 331 and (2) no more than 331 and (3) from businesses (3).) See section 509(a)(4). If orm the functions of, or to 509(a)(1) or section 509 and or supporting organization organization (5), typically briganization (5), typically briganization (5).	/3% of carry (a)(2). on and
	c d l	Typ conf sup Typ with Typ orga an a ck this be grated, o	e II. A supporting or trol or management ported organization e III functionally in , its supported orga e III non-functiona anization(s) that is n attentiveness require ox if the organizatio r Type III non-functi	You must complete Part ganization supervised or co of the supporting organizat s). You must complete Partegrated. A supporting organization(s) (see instructions) lly integrated. A supporting of functionally integrated. Tement (see instructions). You received a written determinally integrated supporting on ally integrated supporting	ontrolled in connection vested in the sar art IV, Sections A ar anization operated ir b). You must complete organization operate the organization generated must complete Fination from the IRS organization.	on with its support one persons that one connection with the ete Part IV, Sected in connection erally must satist art IV, Sections that it is a Type	h, and functionally integrations A, D, and E. In with its supported of a distribution requirement and D, and Part V. I, Type II, Type III function	ent and
				organizationshe supported organization(g Provide
		supported	(ii) EIN	(iii) Type of organization (des above (see instru	cribed on lines 1–10	(iv) Is the organization listed in your governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)

document?

	Schedule A (Form 990) 2021 Academy of Urban Learning 74-30430							68 Page		
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990) 2021

DAA

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.)

Cal	endar year (or fiscal year	(a) 2017	(b) 2018		(c) 2019		(d) 2020	(e) 2021	(f) Tota
beg	inning in) ►								
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization'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								
Sec	ctionalBAdTotalsSuppognt3								
Cale	endar year (or fiscal year be	ginninīg in	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21	f) Total
5 8	Ane pottion of total 4 contributions by each terest, d person (other than an securiti government as unit of income from the sources	es loans,							
gSU	poorted organization) included	siness							
_	activities, wellther or not the bline-gullary exceeds 2% of the	usiness							
0	emount shown on line ude								
6	คนอกเ าร่น คองก ัน!Subtract โคลิ5รเผลจก็e ^A pld lines 7 thr								

Gross receipts from related activities, etc. (see instructions)

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Sche	dule A (Form 990) 2021	Acad	demy of	Urban	Learning	74-3043	3068	_
	organization, check this box a	and stop he i	re					
Sec	ction C. Computation of	Public S	upport Pe	ercentage				
							14	%
14 15	Public support percentage for Public support percentage from				11, column (f))		15	%
16a	33 1/3% support test—2021. box and stop here. The orga	=						▶ □
b	33 1/3% support test—2020. I	f the organiz	zation did not	t check a box o	n line 13 or 16a, and line	15 is 33 1/3% or more,	check this bo	ox ▶ 🗌
	and stop here. The organiza	tion qualifies	as a publicly	y supported org	anization			
17a	10%-facts-and-circumstance 10% or more, and if the organ Part VI how the organization organization	nization mee	ts the facts-a	and-circumstan	ces test, check this box a	and stop here. Explain i	า	
b	10%-facts-and-circumstance 15 is 10% or more, and if the in Part VI how the organization	organization	n meets the f	acts-and-circun	nstances test, check this	box and stop here. Exp	lain	
	organization							▶ □
18	Private foundation. If the orginstructions	anization did	d not check a	a box on line 13	, 16a, 16b, 17a, or 17b, o	check this box and see		▶ □
						:	Schedule A (F	orm 990) 2021
Pa	• •		_		ed in Section 509(a of Part I or if the or		aualify un	Page S
If th	ne organization fails to qu							
	ndar year (or fiscal year	(a) 2017	(b) 2018		(c) 2019	(d) 2020	(e) 2021	(f) Total
	ıning in) ►							
1	Gifts, grants, contributions, and membership fees received. (Do							
_	not include any "unusual grants.")							
3	Gross receipts from admissions, merchandise sold or services performed,							
4	or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
5	Gross receipts from activities that are not an unrelated trade or business							
6	under section 513							
7a	Tax revenues levied for the organization's benefit and							
b	either paid to or expended on its behalf							
	The value of services or							
8 8	facilities furnished by a governmental unit to the organization without charge							
	5	I	1				1	1

	Schedule A (Form 990) 2021 Aca	<u>idemy of</u>	<u> Urban Lea</u>	rning	74	<u>-3043068</u>	Page 4
	Total. Add lines 1						
	through 5						
	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.)						
	tion B. Total Support						
Cale 9	endar year (or fiscal year beginning i Amounts from line 6	n) (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest, dividends						
	payments received on securities loan royalties, and income from similar sou						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, wh or not the business is regularly carried	ether # on					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the c	organization's fir	rst, second, third, fo	ourth, or fifth tax y	ear as a section s	501(c)(3)	_
<u> </u>	organization, check this box and stop he	·e					
Sec	tion C. Computation of Public S	Support Per	centage				
	D. I.I.	(II)	(O. 11.11.11.11.11.11.11.11.11.11.11.11.11	10 1 (0)		15	%
15 Publi	Public support percentage for 2021 of support percentage from 2020 Schedul						%
Sec	tion D. Computation of Investm	ent Income	Percentage				
17	Investment income percentage for 2021	(line 10c, colur	mn (f), divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 202	!0 Schedule A,	Part III, line 17			18	%
b	33 1/3% support tests—2021. If the org 17 is not more than 33 1/3%, check this 33 1/3% support tests—2020. If the a 18 is not more than 33 1/3%, check this	box and stop h organization d	nere. The organizatid not check a box	line 14, and line tion qualifies as a on line 14 or line	publicly supporte 19a, and line 16 is	3 1/3%, and line d organizations more than 33 1/	
20	Private foundation. If the organization	=	=	· ·		instructions	>
						Schedule	A (Form 990) 2021

Academy of Urban Learning

74-3043068

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

ıge	inizations		Yes	No
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,	1		
2	explain.	H-1		
	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	2		
3a	that the supported organization was described in section 509(a)(1) or (2).	-		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes,"</i>	20		
b	answer lines 3b and 3c below.	3a		
	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	26		
С	the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section			
4a	170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to	3c		
	ensure such use. Was any supported organization not organized in the United States ("foreign			
b	supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and	4a		
	4c below.			
	Did the organization have ultimate control and discretion in deciding whether to make grants to the			
С	foreign supported organization? If "Yes," describe in Part VI how the organization had such control and	4b		
	discretion despite being controlled or supervised by or in connection with its supported organizations.			
	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			
5a	the organization used to ensure that all support to the foreign supported organization was used	4c		
	exclusively for section 170(c)(2)(B) purposes.			
	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i>			
	"Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the			
	names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the	_		
b	reasons for each such action; (iii) the authority under the organization's organizing document	5a		
	authorizing such action; and (iv) how the action was accomplished (such as by amendment to the			
	organizing document).	5b		
	Type I or Type II only. Was any added or substituted supported organization part of a class already	5c		
	designated in the organization's organizing document?			
С	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	6		
	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			
7	organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan,	7		
	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	8		
8	a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described			
9a	on line 7? If "Yes," complete Part I of Schedule L (Form 990).	9a		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	9b		
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in	9с		
С	which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any			
	personal benefit from, assets in which the supporting organization also had an interest? If "Yes,"	10a		

	Schedule A (Form 990) 2021 Academy of Urban Learning	74-3043068	Page_6
10a	provide detail in Part VI. Was the organization subject to the excess business holdings rules of		
	section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all		
	Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t	o	
	determine whether the organization had excess business holdings.)	10b	

Schedule A (Form 990) 2021 Academy of Urban Learning

74-3043068

Page 8

- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

За

	organization exercise a substantial degree of direction over ed organizations? <i>If "Yes," describe in Part VI the role playe</i>	•		
1 Chec See i	Type III Non-Functionally Integrated 509(a)(3) of the here if the organization satisfied the Integral Part Test as a instructions. All other Type III non-functionally integrated sugh E.	a qualifyi	orting Organizations ing trust on Nov. 20, 1970 (explain in Part VI).	
Section A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	s 1 through 3.	4		
5 Deprecia	ation and depletion	5		
producti manage	of operating expenses paid or incurred for ion or collection of gross income or for ement, conservation, or maintenance of held for production of income (see instructions)	6		
	(penses (see instructions)	7		
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - I	Minimum Asset Amount	l	(A) Prior Year	(B) Current Year (optional)
assets (ate fair market value of all non-exempt-use see instructions for short tax year or assets part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mar	ket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		1
	nt claimed for blockage or ctors (explain in detail in :			
2 Acquisiti	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	t line 2 from line 1d.	3		
	eemed held for exempt use. Enter 0.015 of line 3 (for amount, see instructions).	4		
5 Net valu	e of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - I	Distributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		

	Schedule A (Form 990) 2021 Acad	emy of Urban	Lear	ning	74-3043	8 068 P	age s
3 A)	Minimum asset amount for prior year (fron	n Section B, line 8, columi	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 fro subject to emergency temporary reduction instructions). Check here if the current year is the or	ı (see	6	nally integrated 3	Type III supporting organiz	zation	
	(see instructions).	gamzation o mot do a non	1 101101	iany integrated	ypo iii oapporting organii.		
Part	: V Type III Non-Functionally	Integrated 509(a)(3) Supp	orting Orgar		chedule A (Form 990) :	2021
Sec	ction D - Distributions					Current Year	
1	Amounts paid to supported organizations	to accomplish exempt pur	poses				
2	Amounts paid to perform activity that direct organizations, in excess of income from a		ses of s	upported			
3	Administrative expenses paid to accomplis	sh exempt purposes of su	pported	organizations			
4	Amounts paid to acquire exempt-use asse	ets					
5	Qualified set-aside amounts (prior IRS ap	proval required—provide	details ir	Part VI)			
6	Other distributions (describe in Part VI). S	ee instructions.					
7	Total annual distributions. Add lines 1 to	nrough 6.					
8	Distributions to attentive supported organi (provide details in Part VI). See instruction		nization	is responsive			
9	Distributable amount for 2021 from Section	n C, line 6					
10	Line 8 amount divided by line 9 amount						
	ction E – Distribution Allocations (see ructions)	(i Excess Distributions)		(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 202	1
1 C, line							
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required– <i>explain in Part VI</i>). See instructions.						
3	Excess distributions carryover, if any, to				1		

2021

Schedule A (Form 990) 2021 Acad	<u>emy oi</u>	<u>Urban</u>	Learning	74-3043	8068 Page 10
a From 2016					
b From 2017					
c From 2018					
d From 2019 · · · · · · · · · · · · · · · · · · ·					
e From 2020 · · · · · · · · · · · · · · · · ·					
f Total of lines 3a through 3e					
g Applied to underdistributions of prior					
years h Applied to 2021 distributable amount					
i Carryover from 2016 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2021 from Section D, line 7: \$					
Applied to underdistributions of prior years					
b Applied to 2021 distributable amount			_		
				I .	

Schedule A (Form 990) 2021 Acad	lemy of Urban Learning	74-304306	8 Page 11
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Fo	rm 990) 2021	Academy	of U	rban	Learning		74-3043068	<u>Page_</u> 12
	Supplemental In III, line 12; Part IV B, lines 1 and 2; I 3a, and 3b; Part V lines 2, 5, and 6.	Iformation. Pro I/, Section A, lin Part IV, Section I/, line 1; Part V,	vide the es 1, 2, C, line Section	explar 3b, 3c, 1; Part B, line	nations required 4b, 4c, 5a, 6, 9 IV, Section D, li e 1e; Part V, Se	a, 9b, 9c, 11a, nes 2 and 3; F ction D, lines 5	, 11b, and 11c; Pa Part IV, Section E, 5, 6, and 8; and Pa	rt IV, Section lines 1c, 2a, 2b,

. 12/19/2022 11:35 AM		
••		
Onlandada D	Oakadula af Oautilhutana	Schedule A (Form 990) 202 ⁻ OMB No.
Schedule B (Form 990)	Schedule of Contributors	1545-0047
Department of the Treasury	► Attach to Form 990 or Form 990-PF.	2021
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		Employer identification number
	rban Learning	74-3043068
Organization type (check Filers of:	Section:	
) (enter number)	
Form 990 or 990-EZ	X 501(c)(3 organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See
General Rule X For an o	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib	outions
	e (in money or property) from any one contributor. Complete Parts I and II. See instruc	
determining a contribut		
Special Rules		
For an organization	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % supportections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II,	

(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, I	ine 1. Complete Parts I and	Page II.
CC lite	or an organization described in section 501(c)(7), (8), or (10) filing Form 990 ontributor, during the year, total contributions of more than \$1,000 exclusive erary, or educational purposes, or for the prevention of cruelty to children of I/A" in column (b) instead of the contributor name and address), II, and III.	ly for religious, charitable, s	cientific,
co du	or an organization described in section 501(c)(7), (8), or (10) filing Form 990 ontributor, during the year, contributions exclusively for religious, charitable, ontributions totaled more than \$1,000. If this box is checked, enter here the uring the year for an exclusively religious, charitable, etc., purpose. Don't coeneral Rule applies to this organization because it received nonexclusively	etc., purposes, but no such total contributions that were implete any of the parts unle	e received ess the
to	taling \$5,000 or more during the year		> \$
ust ans to certi	An organization that isn't covered by the General Rule and/or the Special Fewer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its fy that it doesn't meet the filing requirements of Schedule B (Form 990).	s Form 990-EZ or on its For	m 990-PF, Part I, line
or Paper of	work Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-P 2	F. Schedule B (Form 990) (202	21) Schedule B (Form 990) (2021) Pa
	organization		Employer identification numbe
	lemy of Urban Learning		74-3043068
art I	Contributors (see instructions). Use duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	WC & EJ Thornton Foundation		
	61000		Person X Payroll Noncash (Complete Part II for
	Denver CO80206-1004	35,000	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	Denver Foundation for Patricia B McClearn Ed Fund 55 Madision Street		Person X Payroll Noncash
	Denver CO 80206	\$ 30,000	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Temple Hoyne Buell		Person X
	1666 S. University Blvd		Payroll

Noncash

\$ 30,000

(c)

Total contributions

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(a)

No.

...Denver CO 80210

(b)

Name, address, and ZIP + 4

4	Polis Schutz Family Fund		Person X —
	Jewish Community Foundation 4950		Person X Payroll
	Murphy Canyon Rd		Noncash (Complete Part II for
	San Diego CA 92123	5,000	noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash
			(Complete Part II for
		\$	noncash contributions.)
			Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	e of the organization		Employer identification number
A	cademy of Urban Learning		74-3043068
P	art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
1 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	g that the assets held in donor advised t	funds are the
	organization's property, subject to the organization's exclusive lega		Yes No
6	Did the organization inform all grantees, donors, and donor adviso		ed only for charitable
	purposes and not for the benefit of the donor or donor advisor, or for		пп
	conferring impermissible private benefit?		Yes No
_P	art II Conservation Easements.		
1	Complete if the organization answered "Yes" of Purpose(s) of conservation easements held by the organization (cl		
	Preservation of land for public use (for example, recreation or e	education) Preservation of a historicall	ly important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation easement on the last day of the tax year.	onservation contribution in the form of a	Held at the End of the Tax Yea
	Total number of concentation accomments		. 2a
а			2b
	otal acreage restricted by conservation easements		c
	lumber of conservation easements on a certified historic structure		d = 0
יו	lumber of conservation easements included in (c) acquired after 7/2s historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the org	ganization during the
	tax year ►		
4	Number of states where property subject to conservation easemer	► nt is located	
-			
5	Does the organization have a written policy regarding the periodic		☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds	7	Li tes Li No

Sche	edule D (Form 990) 2021 Academy of Urban	Learning	74-3043068	Page 2
6	Staff and volunteer hours devoted to monitoring, inspecduring the year	_		
	•			
7	Amount of expenses incurred in monitoring, inspecting, the year	handling of violations,	and enforcing conservation easements during	
	\$			
8	Does each conservation easement reported on line 2(d)	above satisfy the requ	uirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports consessheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.		·	
Pa	art III Organizations Maintaining Collection	ons of Art, Histor	ical Treasures, or Other Similar Asset	is.
	Complete if the organization answere	ed "Yes" on Form 9	90, Part IV, line 8.	
12	If the organization elected, as permitted under FASB AS of art, historical treasures, or other similar assets held for service, provide in Part XIII the text of the footnote to its If the organization elected, as permitted under FASB AS art, historical treasures, or other similar assets held for particle, provide the following amounts relating to these	or public exhibition, ed financial statements t SC 958, to report in its public exhibition, educa	ucation, or research in furtherance of public nat describes these items. revenue statement and balance sheet works of	
1a	(i) Revenue included on Form 990, Part VIII, line 1		►\$	
b	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historic following amounts required to be reported under FASB			
2	Revenue included on Form 990, Part VIII, line 1		^ \$	
a b	Assets included in Form 990, Part X		► \$	
For DAA	Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule	D (Form 990) 2021
<u>Pa</u>	using the organization's acquisition, accession, and oth collection items (check all that apply):		rical Treasures, or Other Similar Asset of the following that make significant use of its	ts (continued)
а	Public exhibition dLoan or exchange program	П		
a				
b	Scholarly research eOther generations		c Preservation for future	
4	Provide a description of the organization's collections at XIII.	nd explain how they fu	ther the organization's exempt purpose in Part	
5	During the year, did the organization solicit or receive do	onations of art, historic	al treasures, or other similar assets to be sold to r	aise
	funds rather than to be maintained as part of the organization	zation's collection?	Yes No	
Pa	art IV Escrow and Custodial Arrangemen	ts.		
	Complete if the organization answere 990, Part X, line 21.	ed "Yes" on Form 9	90, Part IV, line 9, or reported an amour	nt on Form
1a	Is the organization an agent, trustee, custodian or other	intermediary for contril	outions or other assets not	

Schedule D	(Form 990) 2021 Academy	of Urban L	earning	74-	3043068	Ш	Ļ] <u>Page</u> ∶
	· · · · · · · · · · · · · · · · · · ·					Amoun		_
c Beginni	ng balance							
1c	d Additions during the year				1d e			—
	ons during the year				e f Ending			_
					P-1-77 0			Ļ
	e organization include an amount o				-	. Ye	es	No
	explain the arrangement in Part X	III. Check here if the	e explanation has	been provided on Part	×μ			
Part V	Endowment Funds.							
	Complete if the organizat	ion answered "Y	es" on Form 99	90, Part IV, line 10		\perp		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years l	back
1a Beginnir	ng of year balance b					+-		
Contribution	ons					+-		
Net invest	ment earnings, gains, and							
losses						\perp		
	<u>[</u>							
d Grants	or scholarships							
e Other e	xpenditures for facilities and							
prograr	ms							
f Ad	ministrative expenses							
g End of	year balance							
2 Provide	e the estimated percentage of the c	current year end bal	ance (line 1g, colu	mn (a)) held as:				
a Board	designated or quasi-endowment ►	· %						
b Perma	nent endowment ►%							
c Term e	endowment ► %							
	ercentages on lines 2a, 2b, and 2c	should squal 100%						
•	re endowment funds not in the pos	•		eld and administered f	or the organization by	<i>r</i> .		
	·	session of the orga	inization that are in	ela alla administerea n	or the organization by	•	Yes	No
								H
(ii)	Related organizations					3a(i)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations lis	ted as required on	Schedule R?		3a(ii)		
	• • • • • • • • • • • • • • • • • • • •	ŭ	•					
4 Describ	be in Part XIII the intended uses of	the organization's e	endowment lunds.			3b		
Part VI	Land, Buildings, and Equipment	ł.						
	Complete if the organization answer		990, Part IV, line 1	1a. See Form 990, Par	t X, line 10.			
			Cost or other basis) Book value			
		(investment)	(other)	depreciation				
				40.770				
	d improvements		54,649	49,113	5,536			
	d improvements							
e Other	nt							
	s 1a through 1e. (Column (d) must equal Ed	orm 990. Part X. column	(B) line 10c)	П	E E26			

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Academy of Urban Learn	ing	74-3043068	<u>Page</u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments – Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)		<u>, </u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (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 I	V, line 11d. See Form 990), Part X, line 15.
(a) Description			(b) Book value
(1) Deferred Outflows Relat	ted to Pensi	on	405,397
(2) Deferred Outflows Relat	ted to OPEB		10,944
(3)			
(4)			
(5)			
(6)			
(7)			

Sche	dule D (Form 990) 2021 Academy of Urban Learning	74	-3043068	Page 5
(8)				
(9)				
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		.	416,341
Par	t X Other Liabilities. Complete if the organization answered "Yes" on Form line 25.	990, Part IV, line 1	1e or 11f. See F	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	Deferred Inflow Related to Pensions			768,081
(3)	Deferred Inflow Related to OPEB			115,812
(4)	Accrued Salaries and Benefits			106,959
(5)	Net OPEB Liability			15,259
	Net Pension Liability			6,755
(7)				0,733
(8)				
(9)				
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			1,012,866
1 2	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2a.	2,823,413
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
d C	Recoveries of prior year grants			
e	Other (Describe in Part XIII.)			
3	Add lines 2a through 2d		2e	
4 a			3	2,823,413
b	Subtract line 2e from line 1			
С 5	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
3	Investment expenses not included on Form 990, Part VIII, line 7b	4b		
	Other (Describe in Part XIII.)		4c	
	Add lines 4a and 4b		5	2,823,413
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial			Return.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 1		
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	2,214,997
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			

Sche	edule D (Form 990) 2021 Academy of Urban Learning	74-304306	58	Page 6
d	Other (Describe in Part XIII.)			
е	Add lines 2s through 2d	Г а. Г		
3	Add lines 2a through 2d	2b		
+ a	Subtract line 2e from line 1	2c		
b	Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d		
С			2e	
5			3	2,214,997
	Other (Describe in Part XIII.)	••		
	Add lines 4a and 4b	4a		
		4b	-	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
			4c 5	2,214,997
_				2,214,331
_P	art XIII Supplemental Information.			
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	·····		
			Sch	nedule D (Form 990) 2021
_Pa	art XIII Supplemental Information (continued)			
DAA				

Schedule D (Form 990) 20	21 Academy	of Urban	Learning	74-3043068	<u>Page</u> 7

Schedule D (Form 990) 2021 Academy of Urban Learning	74-3043068	<u>Page</u> 8
••••		
••••		
••••		
••••		

Schedule D (Form 990) 2021

SCHEDULE E (Form 990)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Academy of Urban Learning

information.

74-3043068

Part			YES	NO
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
1	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	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	x	
	The policy is included in the School's handbook			
4	a	4a	x	
b c d		4b	х	
	Does the organization maintain the following?	4c	х	
5	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially a nondiscriminatory basis?	4d	X	
b	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
С	Copies of all material used by the organization or on its behalf to solicit contributions?	5a		x
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	5b		х
е		5c		x
f				v
g h		- <u>5d</u>		X
J	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5e		X
		5f		x
	Admissions policies?	E~		x
6a b		5g 5h		x

	Employment of faculty or administrative staff?	I		
	Scholarships or other financial assistance?			
	Educational policies?	6a	x	
		6b		х
	Use of facilities?			
	Athletic programs?			
		1		
	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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II			
		7	X	
·-			E (Form 99 3068	
Part II				
Finan	cial Aid or Government Assistance Explanation		Sch	E -
FINAII	Stat Aid of Government Assistance Explanation			
			The	
Organi	ization receives PPR funding and other state and federal g	ran	ts	
			from	n
	olorado Department of Education.		=====	-

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(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Inspection

Name of the organization

Employer identification number

cademy of Urban I	earning	74-3043068	8	
Part I Questions Regarding Compensation	•			
. a.r	···		Yes	No
Check the appropriate box(es) if the organization provid Form 990, Part VII, Section A, line 1a. Complete Part II these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account		nce		
b If any of the boxes on line 1a are checked, did the organ payment or reimbursement or provision of all of the exp		1b		
explain				
Did the organization require substantiation prior to reim directors, trustees, and officers, including the CEO/Exe line				
 1a? 3 Indicate which, if any, of the following the organization organization's CEO/Executive Director. Check all that a 	·	4a		x
by a related organization to establish compensation of		4b		X
III. Compensation committeeWritten employment Independent compensation Form 990 of other organizationsApproval by the	contract consultantCompensation survey or study board or compensation committee	4c		х
4 During the year, did any person listed on Form 990, Pa organization or a related organization: a Receive a seven	erance payment or change-of-control payment?	5a		x
from a supplemental nonqualified retirement plan?	, , ,	5b		Х
c Participate in or receive payment from an equity-based If "Yes" to any of lines 4a–c, list the persons and	compensation arrangement?provide the applicable amounts for each item in Part			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) org	-	6a	+	Х
5 For persons listed on Form 990, Part VII, Section A, lincompensation contingent on the revenues of:a The organization?		6b		X
b Any related organization?				х

6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
а	The organization?	8	X
b	Any related organization?		
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not		
	described on lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		
	in Part III		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation			reported as deferred on prior Form 990
Jennifer Jackson	(i	125,000	0	31,250	0	0	156,250	
School Director	(ii	0	0		0	0	0	
	(i (ii							
	(i (ii)							
	(i (ii)							
	(i (ii)	• · · · · · · · · · · · · · · · · · · ·						
	(i (ii)							
	(i (ii)							
	(i (ii)							
	(i (ii)							
	(i (ii)							
	(i (ii)							
2	(i (ii							

13	(i) (ii			
14	(i) (ii			
15	(i) (ii			
16	(i) (ii		 	

Schedule J (Form 990) 2021

DAA

Schedule .	J (Form 990) 202	1 Academy	of Urban	Learning		74-3043068			<u> Page</u> 3
Part III	l Supplem	ental Informa	ation						
	the informationa		n, or description	ns required for Pa	rt I, lines 1a, 1b	o, 3, 4a, 4b, 4c, 5a,	5b, 6a, 6b, 7, and 8	3, and for Part II. A	Iso complete this

····

Schedule J (Form 990) 2021

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

name of the organization	Employer identification number
Academy of Urban Learning	74-3043068
990, Part VI, Line 11b - Organization's Process to Revie	
will be reviewed by the Organization's consultant and su	
prior to filing.	
	Form
990, Part VI, Line 15a - Compensation Process for Top Of	fficial The
Organization's board dictates and creates the annual emp	oloyment contract
for the Executive Director.	
990, Part VI, Line 19 - Governing Documents Disclosure E	Explanation
Financial Statements and other financial transparency do	
the Organization's website.	available on
· · · · · · · · · · · · · · · · · · ·	

···	
······································	
······································	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

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