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امر ۔ Eor	_m 990-T	E>	empt Organization	Bus	siness Inco	me Ta	x Retui	n	ОМВ	No 1545-0687
101			(and proxy tax					4001	G)@ 4
		For cale	ndar year 2018 or other tax year begin					20 1 9	4	3W 18
	artment of the Treasury nat Revenue Service		► Go to www irs gov/Form990					}	Open to	Public Inspection for Organizations Only
Ā	Check box if	▶ 00	not enter SSN numbers on this form a Name of organization (Check be		ny be made public if y me changed and see if		tation is a 501 (c			Organizations Only fication number
^ l	address changed		Thame of organization (Check bu			see instructions)				
BE	xempt under section									
Х	501(C 3)	Print Number, street, and room or suite no. If a P.O. box, see instructions								
	408(e)220(e)	Type		E Unrelated business activity code (See instructions)						
	408A530(a)		2480 W 26TH AVE, SU	(000	,					
L	529(a)	1	City or town, state or province, country	y, and 2	ZIP or foreign postal co	de				
	ook value of all assets t end of year		DENVER, CO 80211					l		
_	,	<u> </u>	up exemption number (See instructi			1	ī	1		
	-		ck organization type X 501			501(c) tr		_ 401(a)		Other trust
			nization's unrelated trades or busine	sses				-	(or first)	
	trade or business he					•	•			e, describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, comp	plete a Sche	edule M for ea	ch additio	nal	
	trade or business, th		-						<u>-</u> -T	Type I No
			corporation a subsidiary in an affili	-		osidiary con	trollea group?		►∟	Yes No
	it "Yes," enter the ni The books are in care		identifying number of the parent cor	rporation		alaahana r	number > 72	0-837-	-3544	
_			or Business Income		(A) Income		(B) Expen		1	(C) Net
			Di Busilless ilicolle		(A) IIIcome		(b) Expen	1363	1	(C) Net
	Gross receipts or		c Balance ▶	10					,	1
2	Less returns and allows			1 c 2					 .	
3			ule A, line 7)	3				w		
, 3 11 44			ttach Schedule D)	4a					1	
Η.			Part II, line 17) (attach Form 4797)	4b						
	•		rusts	4c						
5			r an S corporation (attach statement)	5						
6			· · · · · · · · · · · · · · · · · · ·	6				-		
7	•		come (Schedule E)	7	-				1	
8			nts from a controlled organization (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)							
10			ncome (Schedule I)	10			- :-			
11		-	lule J)	11			-			
12			tions, attach schedule)	12						
13			ough 12	13		0.				
Pa	rt II Deductio	ns Not	Taken Elsewhere (See instr	ructio	ns for limitation	is on dec	ductions)(l	Except f	for cont	ributions,
	deduction	is must	be directly connected with t	he ur	related busine	se integral	<u>)</u>		,	
14	Compensation of	officers,	directors, and trustees (Schedule K)		·[종]		-70/··	14		
15	Salaries and wage	es	directors, and trustees (Schedule K)		.[O]MAR.1	6 .2020	· 181 · ·	15		
16	Repairs and main	itenance			1.		151.	16	1	
17	Bad debts		· · · · · · · · · · · · · · · · · · ·	٠,	L. OGDE	Λ.	<u> </u>	17		
18	Interest (attach s	chedule)	(see instructions)			<u>!Y,. U.1.</u>	·	18		
19								19		
20		•	See instructions for limitation rules)		1	1		20		
21			4562)							
22			on Schedule A and elsewhere on re			•		22b	+	
23									+	
24			compensation plans					1		
25			3						 	
26			Schedule I)					- 1	-	
27			chedule J)						-	
28		-	chedule)						+	
29			s 14 through 28						+	
30			le income before net operating						-	
31			g loss arising in tax years beginning	-	= :	-			+	
32	Unrelated busine	ss taxabl	e income Subtract line 31 from line	30 .	 	<u></u>	· · · · · · · ·	32	1	000 T

PAGE 51

Form	990-T (2018)			Page 2
Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	•	_	
	instructions)	. 33		
34	Amounts paid for disallowed finges	. 34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sun			
30	of lines 33 and 34			
			<u> </u>	1,000.
37	appearing decisions (extracting 41,200, out occurred a mornion and appearing 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	0 31		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36		ì	•
	enter the smaller of zero or line 36 ,	· 38	L	0.
Par	t IV Tax Computation	. , .		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40	_	
41	Proxy tax. See instructions	41	ļ - 	
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			
	t V Tax and Payments	-1-4-9		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	87	T	
		<u>ان</u> ۲۰		
	Other credits (see instructions)	ju		
	General business credit Attach Form 3800 (see instructions)	-4.5		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	:_₩#		
8	Total credits. Add lines 45a through 45d			
46	Subtract line 45e from line 44			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 47		
48	Total tax. Add lines 46 and 47 (see instructions)	. 48	ļ	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,	. 49		
50 a	Payments A 2017 overpayment credited to 2018	- F.	İ	
	2018 estimated tax payments	- 11		
С	Tax deposited with Form 8868	0.4 3	ił	
	Foreign organizations; Tax paid or withheld at source (see instructions) 50d		:}	
	Backup withholding (see instructions)	7	1	
f		ا ` <u>`</u> ا	ı l	
	Other credits, adjustments, and payments: Form 2439	⊣ : . :		
8	Form 4136 Other Total > 50g		i	
51	Total payments. Add lines 50a through 50g	. 51		1,450.
			· · · · · ·	1,130.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		 	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		ļ	3 450
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<u>▶ 54</u>	 	1,450.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		<u></u>	1,450.
Pa	rt VI Statements Regarding Certain Activities and Other Information (see instruct			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or othe	r authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ave to file	2.5
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	ne forei	gn country	
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign tri	ıst?	X
- •	If "Yes," see instructions for other forms the organization may have to file	J . 34		1 3 1 7 2
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			1 4 1 27 2015 2015
	Under penalties of perjury, I declare that I have examined this roturn including accompanying schedules and statements and to t	he best of	my knowledge	
Sig	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
He			RS discuss	
	Signature of officer Date Title		a prepaner si ctions)?[X]γ	es No
	Print/Type gregater's name Print/Type gregater's name Print/Type gregater's name		PTIN	UU I NO
Pai	d	heck	"	SOOC C
_	MARIE R SMITH CEN	elf-employ		58966
	e Only	rm's EIN		
	Firm's address > 111 300111 1E00N, 3011E 030, CQLONADO SPRINGS, CO 80303-3848	hone no	719 471-	
JSA			Form 9	90-T (2018)

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Form 990-1 (2018)	1 0 11 =							Page 3
Schedule A - Cost of Go		iter method	d of invento				TT	
1 Inventory at beginning of y						ar	6	
2 Purchases	1 1				•	ld Subtract line		
3 Cost of labor	· · · · 					iter here and in	- =-	
4a Additional section 263A co	1 1						7	-1
(attach schedule)						section 263A (w	•	
b Other costs (attach schedu					•	or acquired for		
5 Total Add lines 1 through						Wat Deed Deed		<u>. N/A</u>
Schedule C - Rent Income	e (From Real P	roperty a	na Persoi	nai Property	Leased V	vith Real Proper	τу)	
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)	A D. 1					I		
	2. Rent recei					-		
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percent	age of rent for	personal property r personal propert based on profit of	y exceeds	3(a) Deductions di in columns 2(a	rectly connected w a) and 2(b) (atlach	
(1)							7.	
(2)								
(3)				_				
(4)								
Total		Total						
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deductio Enter here and on		
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colun		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instruction	ons)				
1 Description of det	bt-financed property			income from or o debt-financed	<u></u>	debt-finance	onnected with or allocable to need property	
				roperty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								· · · · ·
(4)	,							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5		income reportable n 2 x column 6)	8 Allocable (column 6 x tot 3(a) and	al of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				· · ·
			-			re and on page 1, ne 7, column (A)	Enter here an Part I, line 7,	
Totals								

Form **990-T** (2018)

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Form 990-T (2018)	STRIVE P									562193 Page 4
Schedule F-Interest, Ann	uities, Royalties						tions (see	e instructio	ns)	
		Exe	npt Co	ntrolled Org	ganızatı	ons	7			· · · · · · · · · · · · · · · · · · ·
Name of controlled organization	2 Employer identification numb	er		ated income nstructions)	ı	of specifients made	included	in the contro	column 4 that is in the controlling on's gross income in co	
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	ızatıons									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		Total of specific ayments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)						ļ. <u>.</u> .				
(4)										
						Ente	d columns 5 a r here and on I, line 8, colu	page 1,	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
Totals			<u></u>	<u></u>	▶					
Schedule G-Investment I	ncome of a Sec	tion 501	c)(7),	(9), or (17) Orga	nizatio	n (see ins	tructions)		
1 Description of income	2 Amount of	income		3 Deduc directly con (attach sch	nected			el-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶								14.0		
Schedule I-Exploited Ex	empt Activity In	come, Ot	her Th	an Adverti	sing Ir	come	(see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper direct connected production unrelation	ly d with on of ed	4 Net inconfrom unrelat or business 2 minus col if a gain, co	ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		activity that attributal tunrelated		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										··-
(2)	1									
(3)										
(4),										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,							Enter here and on page 1, Part II, line 26
Totals							_			
Schedule J-Advertising I			1	idea d Dee	• -					
Part I Income From Per	riodicals Report	ed on a C	onsol	Idated Bas	SIS	Γ.		I		
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If inpute	_	irculation acome	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶		-								
<u> </u>	- <u></u> -			'				*		Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_				
(3) (4)						
Totals from Part I ▶ Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule I	🤇 - Com	pensation o	t Officers,	Directors,	and I	rustees (see instr	uctions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

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