### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

22

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	e 2022 calen	dar year, or tax year beginning 07/01/2022 and ending		06/30/	2023	
в	Check if	applicable:	cable: C Name of organization BATTLE ROCK CHARTER SCHOOL D Employer identification number				oyer identification number
	Address	change	Doing business as 84-1387811				
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room	n/suite	E Telepł	none number
	Initial ret	turn	11351 Road G				970-565-3237
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	ed return	Cortez, CO 81321			G Gross	receipts \$ 1,216,124
	Applicat	tion pending	F Name and address of principal officer: Battle Rock Charter School		H(a) Is this a g	roup return fo	or subordinates? 🗌 Yes 🔽 No
			11351 Road G, Cortez, CO 81321		H(b) Are all s	subordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	,	If "No," attac	ch a list. Se	ee instructions.
J	Website	battleroc	kschool.org		H(c) Group e	exemption	number
к	Form of	organization: 🖌	Corporation Trust Association Other L Year of for	mation	: 1994	M State	of legal domicile: CO
Ρ	art I	Summa	·				
	1	Briefly des	cribe the organization's mission or most significant activities: Battl	e Roc	k Charter S	School is	a public charter
ce		school that	t serves children in southwestern Colorado in Kindergarten through 6t	h grad	de.		
Activities & Governance							
veri	2	Check this	box $\[ \square \]$ if the organization discontinued its operations or disposed	l of m	ore than 2	5% of it	s net assets.
ĝ	3		voting members of the governing body (Part VI, line 1a)			3	5
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1		4	5	
tie	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2a)	5	25		
ť	6	Total numb	number of volunteers (estimate if necessary)				10
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11			7b	0
					Prior Yea	ar	Current Year
Ð	8		ons and grants (Part VIII, line 1h)		312		387,797
enu	9	Program se	ervice revenue (Part VIII, line 2g)			735,603	828,327
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,	047,799	1,216,124
	13		I similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		aid to or for members (Part IX, column (A), line 4)			0	0
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)			654,909	660,342
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0		0
ğ	b	Total fundr	aising expenses (Part IX, column (D), line 25)				
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		295,		558,345
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		950,287		1,218,687
	19	Revenue le	ess expenses. Subtract line 18 from line 12		97,512		-2,563
s or				Beg	inning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20		ts (Part X, line 16)		1,	068,868	1,374,005
t As Id B	21	Total liabili	ties (Part X, line 26)		1,	310,052	1,442,552
_			or fund balances. Subtract line 21 from line 20		-	241,184	-68,547
Pa	art II	Signatu	re Block				

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

	Signature of officer Karen Casgrain, Financial Administrator				Date			
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature		Date		Check if if self-employed	PTIN	
Use Only					Firm's EIN			
	Firm's address				Phone	e no.		
May the IRS discuss this return with the preparer shown above? See instructions								
For Paperw	ork Reduction Act Notice, see the	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)						90 (2022)

Sched	ule	В
(Form	990	))

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Schedule of Contributors**

OMB No. 1545-0047

#### Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-1387811

BATTLE ROCK CHARTER SCHOOL

Organization type	(check one):
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Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

✓ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B	(Form	990)	(2022)
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Name of organization

Page 1 of 1 of Part I

BATTLE ROCK CHARTER SCHOOL

Employer identification number

84-1387811

Part I	<b>Contributors</b> (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Montezuma Cortez School District RE-1 400 North Elm Street Cortez, CO 81321	\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LOR Foundation 360 Main St Lander, WY 82520	\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Marcia Heidenreich 409 West 28th St Durango, CO 81301	\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Colorado Health Foundation 1780 Pennsylvania St Denver, CO 80203	\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)	Page	of	of Part II
Name of organization	Employer ider	tificat	ion number
BATTLE ROCK CHARTER SCHOOL	84-	138781	1

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	(Form 990) (2022) rganization ROCK CHARTER SCHOOL			Page of of Part III Employer identification number
Part III	<i>Exclusively</i> religious, charitable, e (10) that total more than \$1,000 fo	or the year from any ations completing Pa he year. (Enter this ir	<b>one contributor.</b> art III, enter the tota nformation once. S	84-1387811         escribed in section 501(c)(7), (8), or         Complete columns (a) through (e) and         I of exclusively religious, charitable, etc.,         ee instructions.)
(a) No. from Part I 	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee
- (a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee
-				Schedule B (Form 990) (2022)

Form 99	(2022) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We believe success starts with nurturing relationships between students, staff, families, and our community through restorative practices. We believe Battle Rock should be a place where students, staff, and families feel safe. We believe in educating the
	whole child through the arts, outdoor experiences, and social-emotional learning. We believe all children should interact with other
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,218,687 including grants of \$ 387,797 ) (Revenue \$ 1,216,124 )
	Battle Rock Charter School's mission is to help K-6 students develop critical thinking skills, effective communication skills,
	leadership abilities, and a formula for health and wellness in an environment of shared values of equality and unity.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
44	Other program services (Describe on Schedule O.)
4d	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses 1,218,687
_	

Form 99	0 (2022)		I	Page <b>3</b>
Part	V Checklist of Required Schedules			1
	Is the experimetion described in section $E(1/2)(2)$ or $40.47(2)(4)$ (other then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		-
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	~	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	90 (2022)		I	Page <b>4</b>
Part	IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		-
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<i>v</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	32 33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<ul> <li>✓</li> </ul>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	37	~	
Part				
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       25         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 reportable gaming (gambling) winnings to prize winners?       1       1	-	Yes	No

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	•		
<b>b</b>		6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
-I		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4 -		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		~
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
-	If "Yes," complete Form 4720, Schedule O.	-		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	. See in	struc	tions
Secti	on 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 <b>1a</b> 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.	5		
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	5 2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6 7a	Did the organization have members or stockholders?	7a		~ ~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	~	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Co	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	100	~	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	~	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.		~	
13	Did the organization have a written whistleblower policy?	13	•	~
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	~	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Soct:	on C. Disclosure	16b		
<u>Secti</u> 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 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	)-T (sec	tion	501(c
	<ul> <li>✓ Own website □ Another's website ✓ Upon request □ Other (explain on Schedule O)</li> </ul>			

		— .			· · ·		/	
19	Describe on Schedule O whether	(and if so, how) the	organization I	made its	governing	documents,	conflict of i	interest policy,
	and financial statements available	to the public during t	he tax year.					

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Montezuma-Cortez School District RE-1, (970)565-7522

Form 990 (2022)

Page **6** 

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Key employee Officer Institutional trustee		Former Highest compensated employee Key employee		Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
C Baudoin	10.00									
Board President	0.00	~						0	0	0
C Sharnhorst	1.00									
Director	0.00	~						0	0	0
J Magie	1.00									
Director	0.00	~						0	0	0
T Lake	1.00									
Director	0.00	~						0	0	0
J BUFF	1.00									
Director	0.00	~						0	0	0
			<u> </u>	<u> </u>	L				<u> </u>	F 000 (0000)

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)	
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than c	ne	(D)	(E)	)	(F)	
	Name and title	Average					is both		Reportable	Report		Estimated amount	
		hours per week	-	1		1	or/trust	ŕ	compensation from the		compen from re		of other compensation
		(list any	Individual t or director	Insti	Officer	Key employee	High	Former	organization (W-2/	organizatio	· ·	from the	
		hours for related	/idua	ttic	ěř	emp	lest i loye	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organization and related organizations	
		organizations	ior al	onal		oloy	e				- /	<u> </u>	
		below dotted line)	Individual trustee or director	Institutional trustee		l &	pens						
			Ø	tee			Highest compensated employee						
							<u>a</u>						
			-										
			1										
			1										
			1										
			-										
			-										
			-										
			-										
			1										
1b	Subtotal								0		0	0	
с	Total from continuation sheets to Part	VII, Sectio	n A										
d	Total (add lines 1b and 1c)								0		0	0	
2	Total number of individuals (including		limite	ed t	to 1	thos	e list	ted	above) who re	eceived	more t	han \$100,000 of	
	reportable compensation from the organi	zation							0				
_								_				Yes No	
3	Did the organization list any <b>former</b> of							mpl	loyee, or highes	st compe	ensated		
	employee on line 1a? If "Yes," complete s							•			• •	3 🗸	
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater th	αιφ	150,			183	<i>.</i> ,			. 30011		
5	Did any person listed on line 1a receive o		· ·	neai	tion	fro	· manv		related organizat	ion or ind	 dividual		
5	for services rendered to the organization											5 🖌	
Secti	on B. Independent Contractors											5	
1	Complete this table for your five high	nest comp	ensat	ed	inde	eper	ndent	СС	ontractors that r	eceived	more	than \$100.000 of	
	compensation from the organization. Repo												
	(A)								(B)		_	(C)	
	مر Name and business add	ress							Description of serv	vices		Compensation	
None													
				_	_								

2	Total number of independent contractors (including but not limited to those listed above) who
	received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	rt VIII...	 	

		·		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512–514
nts,	1a	Federated campaigns <b>1a</b>	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	0				
An G	C	Fundraising events	0				
ar ,	d	Related organizations 1d	0				
n S.	e f	Government grants (contributions) <b>1e</b> All other contributions, gifts, grants,	269,591				
r Si			110.00/				
the	g	and similar amounts not included above <b>1f</b> Noncash contributions included in	118,206				
li i	9	lines 1a–1f	\$ 0				
Sor	h	Total. Add lines 1a–1f		387,797			
-			Business Code	301,171			
e	2a	Charter Allocation	611110	828,327	828,327	0	0
Ξ	b						
Program Service Revenue	с						
am	d						
ъ Бо С	е						
Pro	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		828,327			
	3	Investment income (including dividend					
		other similar amounts)					
	4	Income from investment of tax-exempt be					
	5	Royalties					
	0-	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses <b>6b</b> Rental income or (loss) <b>6c</b> 0	0				
	c d	Net ventel income ov (loca)					
	7a	Gross amount from (i) Securities	(ii) Other				
	74	sales of assets	(., •				
		other than inventory <b>7a</b>					
e	b	Less: cost or other basis					
nue		and sales expenses . <b>7b</b>					
Revenue	С	Gain or (loss) 7c 0	0				
г Н	d	Net gain or (loss)					
Othe	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line					
	_	1c). See Part IV, line 18 8a					
	b	Less: direct expenses					
	с 9а	Net income or (loss) from fundraising eve Gross income from gaming	ents				
	Ja	activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activiti	es				
	10a						
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invent	ory				
SL			Business Code				
eor	11a						
ent	b		-				
scellaneo Revenue	c		-				
Miscellaneous Revenue	d	All other revenue					
-	e	Total. Add lines 11a–11d		0	000.05	-	-
	12	Total revenue. See instructions		1,216,124	828,327	0	Eorm <b>990</b> (2022)

	00 (2022)				Page <b>10</b>
	<b>IX</b> Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns All	other organizations	must complete actur	$an(\Lambda)$
Sectio	Check if Schedule O contains a response				
Do no	t include amounts reported on lines 6b, 7b,	(A)		(C)	<u> P</u> (D)
	, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			gonoral expenses	expenses
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
5	trustees, and key employees				
6	Compensation not included above to disgualified	0	0	0	0
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	484,417	484,417	0	0 0
8	Pension plan accruals and contributions (include		/ I F 10F		
	section 401(k) and 403(b) employer contributions)	103,486	103,486	0	0
9	Other employee benefits	65,482	65,482	0	0
10	Payroll taxes	6,957	6,957		
11	Fees for services (nonemployees):				
а	Management	40,356	40,356	0	0
b	Legal	0	0	0	0
c		17,727	17,727	0	0
d		0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
9	(A), amount, list line 11g expenses on Schedule O.)	89,391	89,391	0	0
12	Advertising and promotion	07,371	0,371	0	0
13	Office expenses	134,731	134,731	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	58,534	58,534	0	0
17	Travel	12,112	12,112	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20		0	0	0	0
21 22	Payments to affiliates	0	0	0	0
22		5,908	5,908	0	0
24	Other expenses. Itemize expenses not covered	5,700	5,700	0	0
	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.)				
а					
b					
С					
d					
е	All other expenses	199,586	199,586	0	0
25 26	Total functional expenses. Add lines 1 through 24e	1,218,687	1,218,687	0	0
20	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)				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

	n 990 (2				Page 11
Ρ	art X		+ V		_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	234,687	1	375,203
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	129,255	4	9,260
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	5	0
	_		0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	0
٩	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 424.821			
	<b>h</b>		000.007	10-	240.450
	b 11	Less: accumulated depreciation10b84,363Investments—publicly traded securities	203,007	11	340,458
	12	Investments—publicly traded securities	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14		0	14	0
	15	Other assets. See Part IV, line 11	501,919		649,084
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,068,868	16	1,374,005
	17	Accounts payable and accrued expenses	41,893	17	64,977
	18	Grants payable	0	18	0
	19			19	•
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D	1,268,159	25	1,377,575
	26	Total liabilities. Add lines 17 through 25	1,310,052	26	1,442,552
seou		Organizations that follow FASB ASC 958, check here	1,010,002		1,442,002
ılar	27	Net assets without donor restrictions	-260,901	27	-146,092
B	28	Net assets with donor restrictions	19,717	28	77,545
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			·
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t /	32	Total net assets or fund balances	-241,184	32	-68,547
ž	33	Total liabilities and net assets/fund balances	1,068,868	33	1,374,005

Form **990** (2022)

Form 99	00 (2022)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			•		~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,21	6,124
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,21	8,687
3	Revenue less expenses. Subtract line 2 from line 1	3			-	2,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			-24	1,184
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			17	5,200
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			-6	8,547
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •				
-					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	nlain				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kpiain	on			
•						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	nplied	or			
	• • • • • • • • • • • • • • • • • • • •					
h	Separate basis Consolidated basis Both consolidated and separate basis			04		
D	Were the organization's financial statements audited by an independent accountant?	 todo		2b	~	
	separate basis, consolidated basis, or both:	teu o	na			
	Separate basis Consolidated basis Both Consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for own	oreigh	t of			
U	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e			20	V	
	Schedule O.	Apiani				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the	$\neg$		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	. ;	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

<b>Open to Public</b>
Inspection

 $\mathcal{O} \cap \mathcal{O} \mathcal{O}$ 

Name of the organization

Employer identification number

BATTLE R	OCK CHARTER SCHOOL	84-1387811
Part I	Reason for Public Charity Status. (All organizations must complete this p	part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

.

- f Enter the number of supported organizations . . .
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

# Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1		1	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re				ear as a sectio	
<u>3ecu</u> 14	Public support percentage for 2022 (line 6	-		11 column (f))		14	%
14	Public support percentage from 2022 (inter Public support percentage from 2021 Sch					15	<u> </u>
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2022.</b> If the organization qua	ization did not	check the box	k on line 13, ai	nd line 14 is 3	3 <sup>1</sup> /3% or more,	check this
b	<b>331</b> /3% <b>support test—2021.</b> If the organi this box and <b>stop here</b> . The organization						
17a	<b>10%-facts-and-circumstances test</b> - <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu	mstances test,	, check this bo	ox and stop he	<b>re</b> . Explain
18	Private foundation. If the organization of instructions						x and see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	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, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
•=	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the	organization'	la first socond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and <b>stop he</b>	•			•		
Cost							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (			-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and <b>stop ł</b>	nere. The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

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

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	inizations 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·	
	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
7 8	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
0	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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


SCHE	DULE	D
(Form	990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 2022 Open to Public

OMB No. 1545-0047

	ent of the Treasury		Attach to Form 990.			Open to Pu	DIIC
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions a	nd the latest informat		Inspection	
	the organization				⊨mployer ide	ntification number	
	E ROCK CHAR					84-1387811	
Part	-	izations Maintaining Donor Advis			Is or Accou	unts.	
	Comple	ete if the organization answered "			(h) [		
	Total number (	at and of year	(a) Donor a	dvised funds	(D) Fui	nds and other accounts	
		at end of year					
		ue of grants from (during year) .					
		ue at end of year					
		ization inform all donors and donor a	dvisors in writing	that the assets he	ld in donor :	advised	
	•	organization's property, subject to the	•				🗆 No
		zation inform all grantees, donors, an	-	-			
		able purposes and not for the benefit					
	conferring imp	ermissible private benefit?				· · D Yes	🗌 No
Part	Conse	rvation Easements.					
		ete if the organization answered "	Yes" on Form 99	0. Part IV. line 7.			
1	•	conservation easements held by the o					
		of land for public use (for example, recrea			f a historicall	y important land a	rea
		of natural habitat				nistoric structure	
	Preservatio	n of open space					
		s 2a through 2d if the organization hel	d a qualified conse	Prvation contribution	n in the form	of a conservation	
	easement on t	he last day of the tax year.			F	leld at the End of the T	ax Year
а	Total number of	of conservation easements			. 2a		
b	Total acreage	restricted by conservation easements			. 2b		
		nservation easements on a certified hi					
		nservation easements included in (c) a ure listed in the National Register	acquired after July		on a   · <b>2d</b>		
	Number of cor tax year	nservation easements modified, trans	ferred, released, e	xtinguished, or term	ninated by th	ne organization dur	ing the
5	Does the orga	tes where property subject to conservation have a written policy regained a servation eas	arding the periodi			dling of .. 🗌 <b>Yes</b>	🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing	conservatior	n easements during t	the yea
7	Amount of expe	enses incurred in monitoring, inspecting	g, handling of violat	ions, and enforcing c	conservation	easements during t	he yeaı
		 nservation easement reported on line 2 '0(h)(4)(B)(ii)?					
9	In Part XIII, c balance sheet	describe how the organization report , and include, if applicable, the text of accounting for conservation easement	rts conservation e	easements in its re	evenue and	expense stateme	nt and
Part		izations Maintaining Collections ete if the organization answered "			Other Simil	ar Assets.	
	of art, historic	tion elected, as permitted under FASI al treasures, or other similar assets le in Part XIII the text of the footnote to	held for public ex	hibition, education,	or research	n in furtherance of	
b	If the organiza art, historical t provide the fol	tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item	B ASC 958, to rep for public exhibitio is:	port in its revenue s on, education, or res	tatement and earch in furt	d balance sheet w herance of public s	ervice
	(i) Revenue in	cluded on Form 990, Part VIII, line 1				\$	
	(ii) Assets inclu	uded in Form 990, Part X				\$	
		ation received or held works of art, unts required to be reported under FA			assets for fi	nancial gain, provi	ide the
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .				\$	

\$

Schedu	le D (Form 990) 2022									Page <b>2</b>
Part	III Organizations Maintaining	J Coll	ections of	Art, His	torical 1	<b>Freasures</b>	, or O	ther Similar A	ssets (cc	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	k any of th	e follov	wing that make	significant	t use of its
а	Public exhibition			d	🗌 Loan	or exchang	e prog	ram		
b	Scholarly research			е	Other					
с	Preservation for future generations	3								
4	Provide a description of the organiza XIII.	tion's	collections	and expl	ain how t	hey further	the org	ganization's exe	mpt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part	IV Escrow and Custodial Arra	ange	ments.							
	Complete if the organizatior 990, Part X, line 21.	n ansv	wered "Yes	" on Foi	m 990, I	Part IV, line	e 9, or	reported an a	mount or	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				-				not	es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	II and compl	ete the fo	ollowing t	able:				
			·						Amount	
с	Beginning balance						10			
d	Additions during the year						10	t l		
е	Distributions during the year						16	•		
f	Ending balance						11	F		
2a	Did the organization include an amou	nt on	Form 990, P	art X, line	e 21, for e	escrow or cu	ustodia	I account liabilit	y? 🗌 Ye	es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	II. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII .		
Par	t V Endowment Funds.									
	Complete if the organization	n ansv	wered "Yes	on Fo	m 990, l	Part IV, line	e 10.	1		
		(a)	Current year	<b>(b)</b> Pr	ior year	(c) Two year	rs back	(d) Three years bad	ck (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs .									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cu	irrent year er	nd baland	ce (line 1g	, , column (a	)) held	as:		
а	Board designated or quasi-endowme	nt	-	%						
b	Permanent endowment	%								
с	Term endowment %									
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.						
3a	Are there endowment funds not in th	e pos	session of th	ne organ	ization the	at are held	and ac	Iministered for t	he	
	organization by:									Yes No
	(i) Unrelated organizations								. 3a(i)	
b	If "Yes" on line 3a(ii), are the related of	organiz	zations listed	as requ	ired on So	chedule R?			. 3b	
4	Describe in Part XIII the intended use	-		-					·	· · · ·
Part										
	Complete if the organization			" on Fo	rm 990, I	Part IV, line	e 11a.	See Form 990	, Part X,	line 10.
	Description of property		(a) Cost or o (investm	ther basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	( <b>d</b> ) Boo	
1a	Land			0		0				0
b	Buildings			0		424,821		84,363		340,458
c	Leasehold improvements			0	-	0		0		0
d	Equipment			0		0		0		0
e	Other			0		0		0		0
	Add lines 1a through 1e. (Column (d) r		qual Form 9	90, Part	X, columr	-	)c.) .	-		340,458

#### Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Deferred Outflows of Resources Related to OPEB - Net 626,260 (2) Deferred Outflows of Resources Related to OPEB - Net 22,824 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . 649,084 **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Net Pension Obligation 1,123,651 (3) Net OPEB Obligation 38,316 Deferred Inflows of Resources Related to Pensions - Net 200,251 (4) Deferred Inflows of Resources Related to OPEB - Net (5) 15,357 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,377,575

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

Schedu	e D (Form 990) 2022				Page 4
Par				Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	1,216,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0	-	
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	1,216,124
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	· · · · ·	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,216,124
Part				er Return	
	Complete if the organization answered "Yes" on Form 990,		line 12a.	1 1	
1	Total expenses and losses per audited financial statements			1	1,218,687
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,218,687
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
с	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .		5	1,218,687
Part	XIII Supplemental Information.			· · · · ·	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

SCHEDULE	E
(Form 990)	

Department of the Treasury Internal Revenue Service

#### **Schools**

OMB No. 1545-0047 2022

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

#### Name of the organization BATTLE ROCK CHARTER SCHOOL

84-1387811

Pari				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	~	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	~	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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	~	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	٢	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	~	
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c 4d	2 2	
5	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		~
a h				
b c	Admissions policies?	5b 5c		~ ~
d	Scholarships or other financial assistance?	50 5d		~
е		5e		~
f		5f		~
g	Athletic programs?	5g		~
h	Other extracurricular activities?	5h		~
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	~	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		>
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	7	>	
or Pap	verwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50085D Schedu	le E (Fo	orm 990	) 2022

Schedule E (Fe	orm 990) 2022 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
Schedule E	, Part I, Line 6 - Battle Rock Charter School receives an allocation per funded pupil from the Montezuma-Cortez RE-1 School
	ttle Rock Charter School also receives grants from the Colorado Department of Education and Title grants from the Federal
Governmer	t that flow through Montezuma-Cortez RE-1 School District.

#### 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.



Department of the Treasury Internal Revenue Service Name of the organization

	DOCK	CHARTER	SCHOOL
DAIILE	RUCK	CHARIER	SCHUUL

Employer identification number

84-1387811
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Form 990, Part VI, Section B, Line 11b - The Form 990 is p	rovided to the Board of Directors for	r review and comment prior to the return being
filed with the Internal Revenue Service.		

Form 990, Part VI, Section B, Line 12c - From the Board Bylaws: "Public Office is a trust created in the interest of the common good and for the benefit of the people. It is the intent of the bylaws to maintain public confidence and prevent the use of public office for private gain. Board members shall disclose any known potential conflicts of interest in writing to the board prior to the time set for voting on the matter. The written disclosures will be attached to the minutes of the meeting in which board action occurred relating to the matter disclosed."

Form 990, Part VI, Section B, Line 15 - The compensation is determined by the Battle Rock Pay Scale which takes education and years worked at Battle Rock into consideration. All levels of compensation are approved by the Board of Directors.

Form 990, Part VI, Section C, Line 19 - Battle Rock Charter School makes governing documents, conflicts of interest, and financial statements available on the website and upon request.

Form 990, Part IX, Line 24e - These expenses include \$182,119 in construction and renovation costs and \$17,467 in transportation service	ces
for our students.	

Form 990, Part XI, Line 9 - The \$175,200 increase in net assets is due to an increase of \$137,451 in capital assets and an increase of \$37,749 in deferred outflows of resources related to pensions and OPEB.


Cat. No. 51056K

#### Schedule O, Statement 1

Form: Form 990 (2022)

Page: 1

#### **BATTLE ROCK CHARTER SCHOOL**

EIN: 84-1387811

**Header Section** 

#### **Reasonable Cause Explanations**

#### Explanation

Battle Rock Charter School is filing late due to delays in our auditing process that were out of our hands. We filed a form 8868 and were granted an automatic 6 month extension, which was accepted. We are now filing well within that extension.

#### Schedule O, Statement 2

Form: Form 990 (2022)

Page: 2

#### **Mission Description**

#### Description

children of different ages and abilities. We believe learning should be authentic and, therefore, subjects should be integrated. We believe high expectations are an important part of academic and personal success. We believe our location in McElmo Canyon is an authentic environment for children to explore and celebrate history. It is Battle Rock's mission to use our guiding principles to inform our every action. We seek to build on the legacy and spirit of Battle Rock for generations to come.

EIN: 84-1387811

Part III, Line 1