EIDE BAILLY LLP 5929 FASHION POINT DR., STE. 300 OGDEN, UT 84403-4684

> ATHLOS ACADEMY OF UTAH 12309 S MUSTANG TRAIL WAY HERRIMAN, UT 84096

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CLIENT'S COPY



CPAs & BUSINESS ADVISORS

February 17, 2022

Athlos Academy of Utah 12309 S Mustang Trail Way Herriman, UT 84096

Athlos Academy of Utah:

Enclosed is the 2020 Exempt Organization return, as follows...

2020 Form 990

2020 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Chett Campbell, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

Athlos Academy of Utah 12309 S Mustang Trail Way Herriman, UT 84096

Prepared By:

Eide Bailly LLP 5929 Fashion Point Dr., Ste. 300 Ogden, UT 84403-4684

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022

	***** THIS IS NOT	A FILEABLE COPY	2 **** ation	
Form 8879-EO	for an Exer	nature Authoriza npt Organizatio	n	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning $_ JU$			2020
Department of the Treasury Internal Revenue Service	-	ne IRS. Keep for your recor m8879EO for the latest info		2020
Name of exempt organization	· · · · · · · · · · · · · · · · · · ·			ver identification number
ATHLOS ACADEM	Y OF UTAH		47-	-3279126
Name and title of officer or pe BEN HYINK	rson subject to tax			
BOARD CHAIR				
Part I Type of	Return and Return Information (W	/hole Dollars Only)		
check the box on line 1a , a blank, then leave line 1b , a	rn for which you are using this Form 8879-E0 2a, 3a, 4a, 5a, 6a, or 7a below, and the amo 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applic e applicable line below. Do not complete mo	unt on that line for the return able, blank (do not enter -0-).	being filed with this for	m was
1a Form 990 check here	b Total revenue, if any (Form S	90, Part VIII, column (A), line	12) 1	ь 6,447,341.
2a Form 990-EZ check h	ere 🕨 b Total revenue, if any (Fo	rm 990-EZ, line 9)		2b
3a Form 1120-POL chec)-POL, line 22)		lb
4a Form 990-PF check h				b
5a Form 8868 check here 6a Form 990-T check here				ibib
Part II Declarat	▶ b Total tax (Form 4720, Pa ion and Signature Authorization o	f Officer or Person Su	bject to Tax	<u> </u>
Under penalties of perjury,	I declare that X I am an officer of the ab	ove organization or 🛛 🗌 I a	am a person subject to t	ax with respect to
(name of organization)	rn and accompanying schedules and statem			nd that I have examined a copy
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and (c) the date of any refund. If appli nic funds withdrawal (direct debit) entry to the e federal taxes owed on this return, and the the U.S. Treasury Financial Agent at 1-888-3 thorize the financial institutions involved in the cessary to answer inquiries and resolve issue as my signature for the electronic return and	e financial institution accour financial institution to debit t 53-4537 no later than 2 busi e processing of the electron es related to the payment. I f	nt indicated in the tax pro- he entry to this account. ness days prior to the pa- ic payment of taxes to re- nave selected a persona	eparation . To revoke ayment eceive I
X Lauthorize EI	DE BAILLY LLP		to enter	r my PIN 59760
	<u></u> ERO firm r	ame		Enter five numbers, but
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed retures) regulating charities as part of the IRS Fee n's disclosure consent screen. Derson subject to tax with respect to the org return. If I have indicated within this return	/State program, I also autho anization, I will enter my PIN that a copy of the return is b	rize the aforementioned as my signature on the being filed with a state a	ERO to enter my tax year 2020 gency(ies)
regulating charit	ies as part of the IRS Fed/State program, I w	A FILEABLE CO		creen. Date D
	tion and Authentication			
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.		95707807 ot enter all zeros	
-	neric entry is my PIN, which is my signature eturn in accordance with the requirements of siness Returns.	on the 2020 electronically file	ed return indicated abov	
ERO's signature E	T CAMPBELL, CPA		Date ▶ <u>02/17/2</u>	2
	ERO Must Retain T Do Not Submit This Form to	his Form - See Instruc the IRS Unless Reque		
LHA For Paperwork Rec	luction Act Notice, see instructions.			Form 8879-EO (2020)

Form 990

Return of Organization Exempt From Income Tax

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

▶ 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.



Depa Interr	rtment al Reve	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection		
	A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021						
	heck if pplicab			D Employer identific	ation number		
	Addre	ATHLOS ACADEMY OF UTAH					
x	Name			47-327912	26		
	Initial	•	Room/suite				
		12309 C MIICTANC TRATI WAV	nooni, suito	866-208-3			
	⊥returr termi ated			G Gross receipts \$	6,447,341.		
	Amer			H(a) Is this a group re			
	_Appli _tion			for subordinates			
	pend		84096	H(b) Are all subordinates in			
11	ax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) o	or 527	1 ''	list. See instructions		
		ite: WWW.ATHLOSUTAH.ORG		H(c) Group exemptior			
		f organization: X Corporation	L Year	· · · · · · · · · · · · · · · · · · ·	State of legal domicile: UT		
	art I	Summary			5		
	1	Briefly describe the organization's mission or most significant activities: ATHLC	S ACA	DEMY OF UTAR	I EMPOWERS		
Governance		STUDENTS TO LIVE FULFILLING, RESPONSIBLE,					
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.		
ver	3			3	6		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6		
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			137		
Activities &	6	Total number of volunteers (estimate if necessary)			152		
çti	7 a			7a	0.		
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		7,127,660.	6,344,985.		
Revenue	9	Program service revenue (Part VIII, line 2g)		194,921.	94,411.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,013.	7,945.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		7,330,594.	6,447,341.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	∟	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		3,928,646.	3,761,630.		
) Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,008,245.	3,902,166.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,936,891.	7,663,796.		
	19	Revenue less expenses. Subtract line 18 from line 12		-606,297.	-1,216,455.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		19,656,827.	18,804,106.		
it As	21	Total liabilities (Part X, line 26)		22,080,311.	22,444,045.		
		Net assets or fund balances. Subtract line 21 from line 20		-2,423,484.	-3,639,939.		
Pa	art II	Signature Block					

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

Sign		Signat	ture of officer								Date			
Here		BEN	I HYINK	, во	ARD	CHAIR								
		Туре с	or print name	and title										
	Prin	nt/Type p	oreparer's nam	ie			Preparer's	signature		Date		Check	PTIN	
Paid	CHI	\mathbf{ETT}	CAMPBE	LL,	CPA		CHETT	CAMPBELL,	CPA	02/17	/22	ii self-employed	P01303	1037
Preparer	Firm	n's name	e 🕨 EII	E BA	/ILL?	(LLP					Firm's	EIN ▶ 45	-02509	958
Use Only	Firm	n's addre	ess 🖌 592	9 FA	SHIC	ON POI	NT DR.	, STE. 300)					
			ÓGI	EN,	UT 8	34403-	4684				Phone	no.801-	621-1	575
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No													
032001 12-2	132001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)													

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2020) ATHLOS ACADEMY OF UTAH	47-3279126	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	ATHLOS ACADEMY OF UTAH EMPOWERS STUDENTS TO LIVE FULFILL		
	RESPONSIBLE, AND SUCCESSFUL LIVES BY BUILDING ON THE THR		
	FOUNDATIONAL PILLARS OF PREPARED MIND, HEALTHY BODY, AND	PERFORMANCE	
	CHARACTER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$7,581,248. including grants of \$) (Reven		411.)
	ATHLOS ACADEMY OF UTAH EMPOWERS STUDENTS TO LIVE FULFILL	ING,	
	RESPONSIBLE, AND SUCCESSFUL LIVES BY BUILDING ON THE THR	EE FOUNDATION	JAL
	PILLARS OF PREPARED MIND, HEALTHY BODY, AND PERFORMANCE	CHARACTER.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			,
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
10			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 7,581,248.	0	90 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
~	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		Δ
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
0	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x

Form	990	(2020)
	330	

22 Did the organization report more than \$5,000 of a	rants or other assistance to or for domestic individuals on			1
				l
		22		X_
	tion A, line 3, 4, or 5 about compensation of the organization's current			
	yees, and highest compensated employees? If "Yes," complete			
	F	23		X
	e with an outstanding principal amount of more than \$100,000 as of the			
last day of the year, that was issued after Decem	per 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	F	24a		X
		24b		<u> </u>
0	other than a refunding escrow at any time during the year to defease			
	F	24c		<u> </u>
-		24d		<u> </u>
	anizations. Did the organization engage in an excess benefit			v
		25a		X
	cess benefit transaction with a disqualified person in a prior year, and			
	of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	F	25b		X
o i j	line 5 or 22, for receivables from or payables to any current			
	creator or founder, substantial contributor, or 35%	~		v
controlled entity or family member of any of these		26		X
	stance to any current or former officer, director, trustee, key employee,			
	loyee thereof, a grant selection committee member, or to a 35% controlled			v
		27		X
	ction with one of the following parties (see Schedule L, Part IV			
instructions, for applicable filing thresholds, cond				
	mployee, creator or founder, or substantial contributor? If			v
	F	28a		X X
		28b		<u> </u>
	and/or organizations described in lines 28a or 28b? If			v
		28c		X X
		29		<u> </u>
•	istorical treasures, or other similar assets, or qualified conservation	~		v
	F	30 04		X X
		31		<u> </u>
	r transfer more than 25% of its net assets? If "Yes," complete	~		x
Schedule N, Part II		32		
	arded as separate from the organization under Regulations	~~		x
sections 301.7701-2 and 301.7701-3? /f "Yes," c		33		
	taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35a Did the organization have a controlled entity with		34 35a		X
č	c ()()	558		<u> </u>
	ny payment from or engage in any transaction with a controlled entity	35b		
		000		
	ation make any transfers to an exempt non-charitable related organization?	36		x
	activities through an entity that is not a related organization	30		
		37		x
	owe tax purposes? If "Yes," complete Schedule R, Part VI	31		
Note: All Form 990 filers are required to complete		38	x	
Part V Statements Regarding Other IR	S Filings and Tax Compliance	50		
Check if Schedule O contains a response				
		 T	Yes	No
1a Enter the number reported in Box 3 of Form 1096	. Enter -0- if not applicable 1a 7		103	140
 b Enter the number of Forms W-2G included in line 				
	ling rules for reportable payments to vendors and reportable gaming			
		1c	X	

Form	990 (2020) ATHLOS ACADEMY OF UTAH	47-	-327912	26	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Ye	s 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	137		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?		b X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			a	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (D		b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4	a	<u> </u>
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			a	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		b	<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			ic	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization sol	licit		
	any contributions that were not tax deductible as charitable contributions?			a	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?			b	_
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 serv	vices provided to th	ie payor? 7	a	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		17	b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?			'c	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		e	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		'f	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For	-		g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		098-C? 7	'n	_
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?			в	_
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?			a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>s</u>	b	_
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	•	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12	2a	
		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?			3a	
L.	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	104			
-	•	13b 13c			
	Enter the amount of reserves on hand		1	10	X
		- 0		1а 1ь	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule is the organization subject to the section 4960 tax on payment(c) of more than \$1,000,000 in remuner		······ ''	4b	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the year?			5	x
	excess parachute payment(s) during the year?		······ -'	5	
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?		6	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		······ -'	5	

Form **990** (2020)

Form 990 (2020)

ATHLOS ACADEMY OF UTAH

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

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

X		
	Х	

Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b								
2								
_	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	2		X		
•				3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X		
6				6		X		
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u> </u>		
74				7a		x		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10				
D				76		x		
•	persons other than the governing body?			7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0	x			
a	The governing body?			<u>8a</u>	X	<u> </u>		
b	Each committee with authority to act on behalf of the governing body?			8b		<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)					
					Yes	No X		
	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 ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe		37			
	in Schedule O how this was done			120		<u> </u>		
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approva	by inc	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b	_	x		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a					
	taxable entity during the year?			16a	_	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright UT							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	T (Section 501(c)(8)s only) availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, ar	nd finar	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨 🔜					
	RYAN WEBB - 801-438-4619							
	12309 S. MUSTANG TRAIL WAY, HERRIMAN, UT 84096							

ATHLOS	ACADEMY	OF	UTAH	
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Employees, and Independent Contractors

Form 990 (2020)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	ا than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both pr/trus	n an	compensation	compensation	amount of
	week (list any					1		from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	· · · ·	organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BEN HYINK	1.00	<u> </u>	<u> </u>	5	ž	1	R			
CHAIR		х		x				0.	0.	0.
(2) WILL FOUNTAIN	1.00									
VICE CHAIR		х		x				0.	0.	0.
(3) JON CAZIER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JENNY POTTER	1.00									
MEMBER		Х						0.	0.	0.
(5) MAC TAPIA	1.00									
MEMBER	1 00	Х						0.	0.	0.
(6) AMBER WADE	1.00	v							0	0
MEMBER		Х						0.	0.	0.
			-							

Form 990 (2020) ATHLOS AG									47-32	2791	L26	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	I	an	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	com fr org and	pensa om the anizati d relate anizatio	e ion ed
1b Subtotal		<u> </u>		<u> </u>				0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			0
3 Did the organization list any former officer,			•	•	•		Ŭ			[Yes	No
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su 	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	accrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	lual for services		4		X
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or si	<u>ıch i</u>	Ders	on .					5		Х
1 Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	om	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompei	;) nsatio	n
• Table washing of index of the large state of the	a al calla e la cal		-: i -	J L - 1					un these				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	στ lin	niteo	1 10 1	thos C		ted	above) who received mo	bre than				

				EMY OF UTA	H		47-3279	126 Page 9
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a respo	nse or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Total		business revenue	
								sections 512 - 514
nts	1 a	Federated campaigns						
Gra	b	Membership dues						
ts, (Am	С	Fundraising events						
Gifi İlar	d	Related organizations		<u> </u>				
ns,	е	Government grants (contr	· · · ·	6,340,233.				
itio er S	f	All other contributions, gifts,		4 750				
Dth		similar amounts not included		4,752.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in			6 244 095			
<u>a</u> C	h	Total. Add lines 1a-1f			6,344,985.			
	_			Business Code	94,411.	94,411.		
ice	2 a	STUDENT ACTIV		900099	94,411.	94,411.		
erv ue	b							
n S /en	с							
grai Rev	d							
Program Service Revenue	e	All other program service	****					
-	•				94,411.			
	<u>g</u> 3	Investment income (includ			<u> </u>			
	3	other similar amounts)	-					
	4	Income from investment of						
	5	Royalties	-	-				
	v		(i) Real	(ii) Personal				
	6 a	Gross rents	6a 7,94					
		Less: rental expenses		0.				
	c	–	6c 7,94					
		Net rental income or (loss			7,945.			7,945.
		Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
ne		and sales expenses	7b					
venue	с	Gain or (loss)	7c					
0	d	Net gain or (loss)						
Other Re	8 a	Gross income from fundraisi	ng events (not					
₫		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18						
		Less: direct expenses		8b				
		Net income or (loss) from	-					
	9 a	Gross income from gamin						
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from		▶ □				
	10 a	Gross sales of inventory, I						
	- I	and allowances		10a				
		Less: cost of goods sold		10b				
	С	Net income or (loss) from	sales of inventor	y▶ Business Code				
sn								
1091 LICE	11 a							
Miscellaneous Revenue	b							
sce Be	с с							
Ϊ		All other revenue Total. Add lines 11a-11d						
	12	Total revenue. See instruction			6,447,341.	94,411.	0.	7,945.
			•··••					

С

d

25

26

UTILITIES

e All other expenses

TEXTBOOK AND EDUCATIONA

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

	990 (2020) ATHLOS ACADE			47-32	79126 Page
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	r
	Check if Schedule O contains a respons			(C)	[(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,107,414.	3,058,641.	48,773.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,577.	71,882. 349,296.	695. 1,779.	
9	Other employee benefits	351,075.	349,296.	1,779.	
10	Payroll taxes	230,564.	226,565.	3,999.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	12 750		12 750	
с	Accounting	13,750.		13,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		400 550	1 -	
	column (A) amount, list line 11g expenses on Sch 0.)	402,573. 3,315.	402,558. 3,315.	15.	
	Advertising and promotion	3,315.	3,315.		
13	Office expenses	2 0 4 2	2 042		
14	Information technology	3,843.	3,843.		
15	Royalties				
16		933.	933.		
17	Travel	955.	955.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings	1,804,518.	1,804,518.		
20		1,004,510.	1,004,510.		
21	Payments to affiliates Depreciation, depletion, and amortization	886,136.	886,136.		
22	. Г	27,404.	27,404.		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		27, 101.		
а	PROPERTY AND MAINTENANC	313,229.	313,229.		
b	SUPPLIES	169,667.	169,667.		
	TRYTDOOK AND EDUCATIONS	100 400	140 071	C 707	C 17 4

160,408.

116,390.

7,663,796.

146,871.

116,390.

7,581,248.

6,797.

75,808.

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Form 990 (2020)

6,740.

6,740.

ATHLOS ACADEMY OF UTA	н
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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			938,151.	1	1,051,073.
	2	Savings and temporary cash investments			5.	2	5.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			291,155.	4	270,086.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
As	9				131,418.	9	23,179.
		Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	17,492,484.			
	b	Less: accumulated depreciation	10b	32,721.	18,296,098.	10c	17,459,763.
	11	Investments - publicly traded securities				11	· · ·
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			19,656,827.	16	18,804,106.
	17	Accounts payable and accrued expenses			486,289.	17	332,877.
	18	Grants payable			•	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
lida		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F	21,594,022.	23	22,111,168.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		F			
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			22,080,311.	26	22,444,045.
		Organizations that follow FASB ASC 958, chee	ck here	e ▶ X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-2,676,786.	27	-4,046,951.
Bal	28	Net assets with donor restrictions			253,302.	28	407,012.
pu		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Vet	32	Total net assets or fund balances			-2,423,484.	32	-3,639,939.
	33				19,656,827.	33	18,804,106.

Form **990** (2020)

Part X | Balance Sheet

Form	000	0000
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Form	990 (2020) ATHLOS ACADEMY OF UTAH	47-32	279126	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,447	7,34	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,663	3,79	96.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,216	5,45	55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,423	3,48	84.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-3,639	9,93	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCI	HED	UL	Ε.	Α
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Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

	2020				
	Open to Public Inspection				
Employer identification number					

OMB No. 1545-0047

Name of the organization

Nan		ne organization גייעד ג	OS ACADEMY						7-3279126
Pa	rt I	Reason for Public C			omolete th	nis nart) S	ee instruction		7-3279120
		ization is not a private found						0.	
1		A church, convention of chu	-	-	•		1)(A)(i).		
2	X	A school described in secti							
3		A hospital or a cooperative					ii).		
4	\square	A medical research organiza					-)(iii). Enter	the hospital's name.
-		city, and state:	•	, ,					· ,
5	\square	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	-					ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	-	-	-			•	
		more publicly supported org	-						Check the box in
		lines 12a through 12d that o	•••					-	
а		Type I. A supporting orga	-	-	• • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must c	-					e (e) le c le ec	
b		Type II. A supporting organization	-				-		-
		control or management or organization(s). You mus			arrie perso	ns that co	ntroi or manaç	ge the supp	Joned
с		Type III functionally inte	-		in connect	ion with a	and functional	ly integrate	d with
U		its supported organization						ly integrate	
d		Type III non-functionally	.,. ,					ted organiz	ration(s)
-		that is not functionally int	• · ·					°.	
		requirement (see instructi			•				
е		Check this box if the orga	,	•				II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o							
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al								

Schedule A (Form 990 or 990-EZ) 2020 ATHLOS ACADEMY OF UTAH

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		(2) = 2 · · ·	(0) _0.0			(1) + 0 tu
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10							
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	· · · · · · · · · · · · · · · · · · ·					12	
12	First 5 years. If the Form 990 is for th			fourth or fifth tox			
13	organization, check this box and stor	0		,	5	()()	
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019		•			15	% %
	33 1/3% support test - 2020. If the c					·	
100	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the c		-				
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••		e 13 162 or 16b s		
110	and if the organization meets the fact						
	-			-	-	-	
L	meets the facts-and-circumstances te	-		• • • •	-	17a and lina 15 is 1	
D D	10% -facts-and-circumstances test						1070 01
	more, and if the organization meets the						
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organizatio	n dia not check a	box on line 13, 16	a, 100, 17a, 0r 17	D, CHECK THIS DOX A		<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ATHLOS ACADEMY OF UTAH 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6	(=) =0 : 0	(1) = 0 · · ·	(0) = 0 + 0	(0) = 0 + 0		
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization i - f	rot opport this	fourth or fifth to		01(a)(0) area	
14	First 5 years. If the Form 990 is for th	•					·
<u>So</u>	check this box and stop here						
	•						0/
	Public support percentage for 2020 (li			.,,		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2020. If the						ine 17 is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						►
	line 18 is not more than 33 1/3%, chee	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2		
20		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
<u>Eh</u>		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		

10b

	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that	he organization used to satisf	y 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	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a governn	nental entity. Describe in Part VI how y	ou supported a governmental entity (see instruction <u>s).</u>
---	--	--------------------------------------	--	--

- 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 in 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.*

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 ATHLOS ACADEMY OF UTAH Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	6	d Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 ATHLOS ACADEMY OF UTAH

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
1					
<u> </u>	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 ATHLOS ACADEMY OF UTAH	47-3279126	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a. 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 31 and 2; Part IV, Section t V, Section B, line 1e; Par	C,
	(See instructions.)		

					OMB No. 1	545-0047
	HEDULE D		I Financial Statements			00
(Form	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,	anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU
	nent of the Treasury		Attach to Form 990.		Open to Inspect	o Public
-	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization					
ATHLOS ACADEMY OF UTAH			ЛТАН	Emt	ployer identificatio 47-32791	
Par	t I Organiz		Funds or Other Similar Funds or Ac	cour		
		on answered "Yes" on Form 990, Part IV, line			·	
			(a) Donor advised funds	b) Fun	nds and other accou	unts
1	Total number at e	nd of year				
		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4	Aggregate value a	It end of year				
5	-		vriting that the assets held in donor advised fund			
			exclusive legal control?		Yes	No No
	0	e , ,	dvisors in writing that grant funds can be used o	,		
			donor advisor, or for any other purpose conferr	•	—	
Par	impermissible priv	ate benefit?			Yes	No No
			anization answered "Yes" on Form 990, Part IV,	line 7.	<u>.</u>	
1		servation easements held by the organization			inen enteret level ene	_
		n of land for public use (for example, recreat		-	•	а
		of natural habitat	Preservation of a certi	nea ms	storic structure	
2		n of open space	ed conservation contribution in the form of a co	neonia	tion assemant on t	ho last
2	day of the tax yea	• • •		ISEIVa	Held at the End of t	
а				2a		IIC TAX ICAI
				2a 2b		
	-		icture included in (a)	20 20		
		vation easements included in (c) acquired a		20		
				2d		
3			eased, extinguished, or terminated by the organi		during the tax	
	year 🕨		, , , , , ,		5	
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and en	forcement of the conservation easements it	holds?		Yes	🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservatio	n ease	ments during the y	vear
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sement	ts during the year	
	►\$					
8			e satisfy the requirements of section 170(h)(4)(B)			_
						└── No
9			on easements in its revenue and expense statem			
			ote to the organization's financial statements that	it desc	ribes the	
Par		counting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Accote	
Fai		f the organization answered "Yes" on Form		IIIIIa	1 A33613.	
4-						
ia	•		3, not to report in its revenue statement and bala			
			lic exhibition, education, or research in furtherar		JUDIIC	
b		Part XIII the text of the footnote to its finan	3, to report in its revenue statement and balance	sheet	works of	
U.	-		exhibition, education, or research in furtherance			
		ing amounts relating to these items:		5, pur	5.10 001 1100,	
	,					

	(i) Revenue included on Form 990, Part VIII, line 1		\$_	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovic	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$_	
b	Assets included in Form 990, Part X		\$	

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Schedule D (Form 990) 2020

Sche		CADEMY OF					-3279126		age 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tre	easures, or	Other S	imilar As	sets _{(contin}	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that	make signi	ficant use c	of its	,	
	collection items (check all that apply):								
а	Public exhibition	c	Loan or exe	change prograi	m				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	n how they further t	he organizatior	n's exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit or	-	•	-	-				
	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang						rt IV, line 9, or		_
	reported an amount on Form 990, Part		Ũ						
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contributior	ns or other asse	ets not incl	uded			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			C C				Amount		
с	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					,	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII]
Par	t V Endowment Funds. Complete if	the organization ar	nswered "Yes" on Fe	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years		Three years	back (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%	,,					
b	Permanent endowment								
с	Term endowment								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the posses	•	ation that are held a	nd administere	ed for the c	organization			
	by:	0				0	ſ	Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizati								
4	Describe in Part XIII the intended uses of the o	•					······		
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or c	other (b) Cos	t or other	(c) Accı	umulated	(d) Bool	k value	•
		basis (investr	ment) basis	(other)	depre	ciation			
1a	Land		1,09	92,000.			1,092	2,00	00.
	Buildings			33,657.			16,283	3,65	57.
	Leasehold improvements							-	
	Equipment		11	L6,827.	3	2,721.	84	1,10	06.
	Other								
	. Add lines 1a through 1e. (Column (d) must eq		X column (R) line 1	10c)			17,459	9,76	53.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal F	orm 990, Part X, col. (B) line 15.)	
Part X Other Liabilitie	es.	
Complete if the org	ganization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
Complete if the org	ganization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Description of liability	(b) Book value
Complete if the org		
Complete if the org 1. (a) D		
Complete if the org 1. (a) D (1) Federal income taxes		
Complete if the org 1. (a) D (1) Federal income taxes (2)		
Complete if the org 1. (a) D (1) Federal income taxes (2) (3)		
Complete if the org 1. (a) D (1) Federal income taxes (2) (3) (4) (4)		
Complete if the org 1. (a) D (1) Federal income taxes (2) (3) (4) (5)		
Complete if the org 1. (a) D (1) Federal income taxes (2) (3) (4) (5) (6) (6)		
Complete if the org 1. (a) D (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)		

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

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

Sche	dule D (Form 990) 2020 ATHLOS ACADEMY OF UTAH		47-3	3279126 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	6,447,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			6,447,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	6,447,341.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	7,663,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1		. 3	7,663,796.
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,663,796.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

CHANGE IN ACCOUNTING FRAMEWORK

UTAH HOUSE BILL 242 (H.B. 242) WAS PASSED IN 2020 AND REQUIRES UTAH
CHARTER SCHOOLS TO REPORT UNDER THE GOVERNMENTAL ACCOUNTING STANDARDS
BOARD (GASB) FRAMEWORK. AS A RESULT OF IMPLEMENTING THE FINANCIAL
REPORTING REQUIREMENTS OF H.B. 242, THE SCHOOL HAS CONVERTED THE FINANCIAL
STATEMENT PRESENTATION OF THE SCHOOL FINANCIAL STATEMENTS AND RELATED
DISCLOSURES TO BE PRESENTED IN ACCORDANCE WITH THE GASB FINANCIAL
REPORTING FRAMEWORK. PREVIOUSLY, THE SCHOOL PREPARED FINANCIAL STATEMENTS
UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) FRAMEWORK.

Part XIII Supplemental Information (continued)

SCHEDULE E	
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(Form 990 or 990-EZ)

Name of the organization

Schools Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury
Internal Revenue Service

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.

Inspection Employer identification number

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Part I	

ATHLOS ACADEMY OF UTAH

47-3279126

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		X
	THIS ORGANIZATION IS EXCUSED FROM FORMAL COMPLIANCE WITH REV.			
	PROC. 75-50 AS LONG AS THE SCHOOL'S CHARTER AGREEMENT WITH			
	THE STATE REMAINS IN EFFECT.			
4	Does the organization maintain the following?			
а		4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	<u>5</u> a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	<u>5</u> c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X X
	Athletic programs?	5g		л Х
n	Other extracurricular activities?	5h		Λ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		х
5	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
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, covering racial nondiscrimination? If "No," explain on Part II	7	х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form) 2020

032061 11-10-20

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ACADEMY RECEIVES FUNDING FROM THE STATE OF UTAH AS ADMINISTERED BY THE

UTAH STATE OFFICE OF EDUCATION BASED ON THE NUMBER OF STUDENTS ENROLLED IN

THE ACADEMY. THE ACADEMY ALSO RECEIVES FEDERAL CHARTER SCHOOL GRANTS

WHICH ARE PAID THROUGH THE UTAH STATE OFFICE OF EDUCATION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

47-3279126

ATHLOS ACADEMY OF UTAH

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

BUILDING ON THE THREE FOUNDATIONAL PILLARS OF PREPARED MIND, HEALTHY

BODY, AND PERFORMANCE CHARACTER.

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

THE BOARD WILL REVIEW THE 990 BEFORE IT IS FILED.

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

THE BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY THAT IS ANNUALLY

REVIEWED AND SIGNED BY BOARD MEMBERS THAT REQUIRES DISCLOSURE OF CONFLICTS

AS THEY ARISE DURING THE CONDUCT OF BOARD BUSINESS

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS AVAILABLE ON THE WEBSITE, AS WELL AS, UPON REQUEST.