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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

and ending JUN 30, 2021 Open to Public Inspection

| В | Check if applicable | C Name of organization | | D Employer identifie | cation number | | | | | |
|-------------------------|--------------------------|--|-----------|--|-------------------------------|--|--|--|--|--|
| г | Addres | S OTTA Charter Cabool | | | | | | | | |
| F | change Name change | | | 84-13753 | 70 | | | | | |
| F | lnitial return | 0 | n/suite | | | | | | | |
| F | Final return/ | 4635 Northpark Drive | ii, ouito | 719-633-1306 | | | | | | |
| | termin- ated | | | G Gross receipts \$ | 2,243,119. | | | | | |
| | Amend return | | | H(a) Is this a group re | | | | | | |
| | Application | F Name and address of principal officer: Karl Schneider | | for subordinates? Yes X No | | | | | | |
| | pendin | same as C above | | H(b) Are all subordinates included? Yes No | | | | | | |
| | | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □ | 527 | If "No," attach a list. See instructions | | | | | | |
| | | e: ▶ www.civacharterschool.org | | H(c) Group exemptio | | | | | | |
| | | | L Year o | of formation: 1997 | 1 State of legal domicile: CO | | | | | |
| Р | | Summary | L | an Winh Cab | | | | | | |
| 9 | 1 ! | Briefly describe the organization's mission or most significant activities: CIVA Ch | lart | er High Sch | ool is a | | | | | |
| Activities & Governance | | tuition-free, public high school in Colorad | | | | | | | | |
| Veri | 2 (| Check this box if the organization discontinued its operations or disposed of | | | ssets. | | | | | |
| Ĝ | 3 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 6 | | | | | |
| <u>ფ</u> | 5 | Fotal number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 40 | | | | | |
| iţie | 6 | Fotal number of volunteers (estimate if necessary) | | | 0 | | | | | |
| Ę | 7a | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | |
| ⋖ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | |
| | | | | Prior Year | Current Year | | | | | |
| <u>o</u> | 8 (| Contributions and grants (Part VIII, line 1h) | | 128,510. | 324,976. | | | | | |
| eun | 9 1 | Program service revenue (Part VIII, line 2g) | | 2,063,480. | 1,898,933. | | | | | |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3. | 3. | | | | | |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 19,207. | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,191,993. | 2,243,119. | | | | | |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. 0. | <u> </u> | | | | | |
| | I | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,381,314. | 911,165. | | | | | |
| Expenses | 15 3 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,301,314. | 0. | | | | | |
| Sen | 16a i | Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. | | | | | |
| ă | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 651,103. | 722,029. | | | | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,032,417. | 1,633,194. | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 159,576. | 609,925. | | | | | |
| Net Assets or | 3 | | | ginning of Current Year | End of Year | | | | | |
| sets | 20 | Fotal assets (Part X, line 16) | | 1,563,223. | 2,131,584. | | | | | |
| L Ass | 21 | Fotal liabilities (Part X, line 26) | | 4,468,879. | 4,427,315. | | | | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | -2,905,656. | -2,295,731. | | | | | |
| | art II | Signature Block | | | | | | | | |
| | • | ties of perjury, I declare that I have examined this return, including accompanying schedules and | | | y knowledge and belief, it is | | | | | |
| true | e, correct | , and complete. Declaration of preparer (other than officer) is based on all information of which p | reparer | has any knowledge. | | | | | | |
| ٠. | | Signature of officer | | Date | | | | | | |
| Sig | I | Karl Schneider, President | | Duto | | | | | | |
| He | re | Type or print name and title | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | D | ate Check | TI PTIN | | | | | |
| Pai | id | Thomas G. Sistare | | if self-employe | | | | | | |
| | | Firm's name Hoelting & Company, Inc. | | | 30-0514455 | | | | | |
| | Only | Firm's address 31 E Platte Ave, Ste 300 | | T.IIII O EIN | | | | | | |
| | | Colorado Springs, CO 80903 | | Phone no.71 | 9-630-1091 | | | | | |
| Ma | y the IF | S discuss this return with the preparer shown above? See instructions | | | Yes X No | | | | | |

| Га | Check if Schedule O contains a response or note to any line in this Part III | |
|-----|--|------------------------|
| 1 | Briefly describe the organization's mission: | <u></u> |
| - | CIVA Charter High School is a tuition-free, public high school | in |
| | Colorado Springs. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes _A_No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| • | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex- | penses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 1,386,344. including grants of \$) (Revenue \$ 1, | 918,140. |
| | Education of high school students. | |
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| 4b | (Code:) (Expenses \$ |) |
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| 4c | (Code:) (Expenses \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | |
| 4 - | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,386,344. | |
| 4e | Total program service expenses ▶ 1,386,344. | Form 990 (2020) |
| | | 1 01111 000 (2020) |

Form 990 (2020) CIVA Charter School Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | Х |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | - 21 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | 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 | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 11 | | - 25 |
| | Schedule D, Parts XI and XII | 12a | х | |
| a | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| | democracy government on the first condition by some terms of the conditions of the first the first conditions are the conditions of the co | | | |

Form 990 (2020) CIVA Charter School Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 7.7 |
| • | Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | v |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | l |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | 00- | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 30 | Did the organization receive more than \$25,000 in non-basin contributions in the rest complete schedule in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | l |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | <u> </u> |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| <u> </u> | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1. | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. 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? | 1c | | |

020) CIVA Charter School Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | 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 4 | 0 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| 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 | | X | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | l | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | |
| | 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? | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | v | | | | | |
| 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 | | | X | | | | | |
| | 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 | | | $ _{\mathbf{x}}$ | | | | | |
| | to file Form 8282? | 7c | | | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | | | | | | |
| _ | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| _ | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | |
| 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? | | | | | | | | | |
| 9 | | | | | | | | | |
| 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? | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | | | | | | |
| | 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 13b | _ | | | | | | | |
| | Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year? | 446 | | X | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on Schedule O. | 4.41 | | <u> </u> | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | | | | | | |
| 15 | | 15 | | x | | | | | |
| excess parachute payment(s) during the year? | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | 10 | | | | | | | |
| | | | | | | | | | |

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 |
|------------|---|----------|---------|------|
| 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 | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| 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 | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 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 | | Х |
| | Describe in 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? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | .,, |
| | taxable entity during the year? | 16a | | X |
| 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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(C) | 3)s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | nd finai | 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 books and records | | | |
| | Business Manager - 719-633-1306 | | | |

Form 990 (2020)

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

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

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

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

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

| Check this box if neither the organization n | | orga | aniza | | | npe | nsat | | | | |
|--|------------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|-----------------|-----------------|------------------------------|--|
| (A) | (B) | | | _ ((| C) | | | (D) | (E) | (F) | |
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | | |
| | week | \vdash | CCI ai | luau | II ecit |)/ ii us | 100) | from | from related | other | |
| | (list any | recto | | | | | | the | organizations | compensation | |
| | hours for | or di | 98 | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related | ustee | trust | | 9 | bens | | (W-2/1099-MISC) | | organization | |
| | organizations below | ual tr | onal | | ploye | tcom | | | | and related organizations | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | Organizations | |
| (1) Randall Zimmerman | 40.00 | 드 | 드 | 5 | 3 | Ξ 5 | 5 | | | | |
| Headmaster | 1000 | 1 | | x | | | | 124,470. | 0. | 25,894. | |
| (2) Karl Schneider | 2.00 | | | | | | | , | | , | |
| President | | Х | | x | | | | 0. | 0. | 0. | |
| (3) Tom Sanny | 2.00 | | | | | | | | | | |
| Vice President | | Х | | Х | | | | 0. | 0. | 0. | |
| (4) Janna Haas | 2.00 | | | | | | | _ | 0 | 0 | |
| Treasurer | 2 00 | Х | | Х | - | | | 0. | 0. | 0. | |
| (5) Dawn Eiber-Thurmond | 2.00 | 7, | | 37 | | | | | 0 | 0 | |
| Secretary | 2 00 | X | | Х | | | | 0. | 0. | 0. | |
| (6) Paula Salazar | 2.00 | 4. | | | | | | | 0 | 0 | |
| Member at Large | 2 00 | X | | | | | | 0. | 0. | 0. | |
| (7) Keith Benson | 2.00 | 7. | | | | | | | 0 | • | |
| Staff Rep | | Х | | | | | | 0. | 0. | 0 . | |
| | | | | | | | | | | | |
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Page 8

CIVA Charter School

| Pa | t VII Section A. Officers, Directors, Trus | | ploy | ees | | | ighe | st C | | es (continued) | | | | |
|-----|--|-----------------------|--------------------------------|--|---------|-------------------------|------------------------------|--------------|-------------------------|------------------|-------|---------|---------------------|---------|
| | (A) | (B) | (C) | | | | | (D) | (E) | | | (F) | | |
| | Name and title | Average hours per | | Position (do not check more than one box, unless person is both an | | Reportable compensation | Reportable compensation | | | stimate | | | | |
| | | week | | | | | or/trus | | from from related | | | ar | nount o other | Οī |
| | | (list any | ctor | | | | | | the | organization | | com | pensa | ition |
| | | hours for | or dire | يو | | | ated | | organization | (W-2/1099-MI | SC) | | om the | |
| | | related organizations | ustee | truste | | 9 | npens | | (W-2/1099-MISC) | | | · | anizati d relati | |
| | | below | Individual trustee or director | Institutional trustee | _ | Key employee | st cor | ia ia | | | | | anizatio | |
| | | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | | , | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | ightharpoons | 124,470. | | 0. | 2 | 5,8 | |
| | Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | F 0 | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 124,470. | 000 - 6 | 0. | | 5,8 | 94. |
| 2 | Total number of individuals (including but n compensation from the organization | iot iimited to tr | iose | IISLE | eu ai | oove | e) wi | 10 1 | eceived more than \$100 | ,000 or reportab | ie | | | 1 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | | | | | | | | | | | | | Х |
| 4 | line 1a? If "Yes," complete Schedule J for s | | | | | | | | har companation from | | | 3 | | |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$15 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | uch | pers | son | | | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | npens | ation · | from | |
| | (A) | | | | | | | | (B) | | _ | | C) | |
| | Name and business | address | NO | INC | 3 | | | | Description of s | ervices | C | ompe | nsatio | n —— |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | L | | | |
| | | | | | | | | | | | i | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | | |
| 2 | Total number of independent contractors (i | | ot li | mite | d to | tho | se li | stec | d above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organi | zation > | | | | (| U | | | | | | | |

| Га | L VII | Check if Schedule O contains a response | or note to any lin | ne in this Part VIII | | | |
|---|-----------------------|--|----------------------------|---|--|-------------------------|--|
| | | Oncern Generalie & Contains a response | or note to any iii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns 1a 1b 1b 1b 1c | 324,976. | 324,976. | | | |
| <u> </u> | | Total. Add lines 1a-11 | Business Code | 321/37.00 | | | |
| Program Service Revenue | | Per Pupil Revenue Mill Levy Override Other Program Services | 611110 611110 611110 | 1,373,969. 495,638. 29,326. | 1,373,969. 495,638. 29,326. | | |
| ₫ | f | All other program service revenue | | | | | |
| | <u>g</u> 3 | Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts) | est, and | 1,898,933. | | | 3. |
| | 4 | Income from investment of tax-exempt bond p | proceeds | | | | |
| | 5 | Royalties(i) Real | (ii) Personal | | | | |
| | b | Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c | (ii) Personal | | | | |
| | d | Net rental income or (loss) Gross amount from sales of assets other than inventory 7a | (ii) Other | | | | |
| er Revenue | С | Less: cost or other basis and sales expenses 7b Gain or (loss) 7c | | | | | |
| Other F | 8 a | Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | <u> </u> | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a | | | | | |
| | | Net income or (loss) from gaming activities | <u> </u> | | | | |
| | 10 a b | Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b | + | | | | |
| _ | с | Net income or (loss) from sales of inventory | Business Code | | | | |
| Miscellaneous Revenue | 11 a b | Miscellaneous Revenue | 611110 | 19,207. | 19,207. | | |
| Rev | C | | | | | | |
| Ξ̈́ | | All other revenue | | 19,207. | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d Total revenue. See instructions | <u>P</u> | 2,243,119. | 1,918,140. | 0. | 3. |
| | | | | <u>, , </u> | — | | , |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| 3601 | on 501(c)(3) and 501(c)(4) organizations must com | | | , , , | |
|----------|---|--------------------------------|--------------------------|---------------------------------|------------------------|
| | Check if Schedule O contains a respon | nse or note to any line in (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 150 006 | 112 100 | 25 526 | |
| | trustees, and key employees | 150,826. | 113,120. | 37,706. | |
| 6 | Compensation not included above to disqualified | | 1 | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| - | persons described in section 4958(c)(3)(B) | 949,527. | 807,098. | 142,429. | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 743,341• | 007,090. | 144,447. | |
| 0 | section 401(k) and 403(b) employer contributions | -351,741. | -294,159. | -57,582. | |
| 9 | Other employee benefits | 144,589. | 120,919. | 23,670. | |
| 10 | Payroll taxes | 17,964. | 15,023. | 2,941. | |
| 11 | Fees for services (nonemployees): | ., | | .,. == • | |
| | Management | | | | |
| | Legal | 4,907. | | 4,907. | |
| | Accounting | 6,250. | | 6,250. | |
| | 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, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | F2 022 | 44 000 | 7 002 | _ |
| 12 | Advertising and promotion | 52,822. | 44,899. | 7,923. | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 18 | Travel Payments of travel or entertainment expenses | | | | |
| .5 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 23,680. | 20,128. | 3,552. | |
| 23 | Insurance | 26,420. | 22,457. | 3,963. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Purchased Services | 220,999. | 187,849. | 33,150. | |
| b | Instructional Supplies | 133,558. | 133,558. | | |
| С | District Purchased Serv | 78,588. | 66,800. | 11,788. | |
| d | Utilities | 63,725. | 54,166. | 9,559. | |
| е | All other expenses | 111,080. | 94,486. | 16,594. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,633,194. | 1,386,344. | 246,850. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. Check here fifollowing SOP 98-2 (ASC 958-720) | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Eorm 990 (2020) |

Form 990 (2020) Part X Balance Sheet

| Fai | LA | Balance Sheet | | | | | |
|-----------------------------|----------|--|-----------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 997,622. | 1 | 895,044. | | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 4 | 25,294. | | |
| | 5 | Loans and other receivables from any current | or forme | r officer, director, | | | |
| | | trustee, key employee, creator or founder, sub | stantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of th | | 5 | | | |
| | 6 | Loans and other receivables from other disqua | | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in se | ction 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 21,650. | 9 | 27,132. |
| | 10a | Land, buildings, and equipment: cost or other | | 24.5 252 | | | |
| | | basis. Complete Part VI of Schedule D | | 316,360. | 407 406 | | 444.054 |
| | b | Less: accumulated depreciation | | 201,489. | 127,186. | 10c | 114,871. |
| | 11 | Investments - publicly traded securities | | F | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | 41C 7CF | 14 | 1 000 042 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 416,765. | 15 | 1,069,243. |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 1,563,223. | 16 | 2,131,584. 91,282. |
| | 17 | Accounts payable and accrued expenses | | | | 17 | 91,202. |
| | 18 | Grants payable | 114,227. | 18 | 434. | | |
| | 19 | Deferred revenue | | | 114,227• | 19 | |
| | 20 21 | Tax-exempt bond liabilities | | | | 20 21 | |
| " | 22 | Escrow or custodial account liability. Complete | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or for trustee, key employee, creator or founder, sub | | | | | |
| iii | | controlled entity or family member of any of th | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelat | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | F | | | |
| | | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D | | ,, | 4,354,652. | 25 | 4,335,599. |
| | 26 | Tabal Balance Adal Base 47 there als OF | | | 4,468,879. | 26 | 4,427,315. |
| | | Organizations that follow FASB ASC 958, cl | | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>a</u> | 27 | | | | -3,094,742. | 27 | -2,356,731. |
| Ва | 28 | Net assets with donor restrictions | | | 189,086. | 28 | 61,000. |
| pur | | Organizations that do not follow FASB ASC | | | | | |
| Ę. | | and complete lines 29 through 33. | | | | | |
| S | 29 | Capital stock or trust principal, or current fund | ls | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | F | | 30 | | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | income, | or other funds | | 31 | |
| Š | 32 | Total net assets or fund balances | | | -2,905,656. | 32 | -2,295,731. |
| | 33 | Total liabilities and net assets/fund balances | | | 1,563,223. | 33 | 2,131,584. |

| 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 | 2,24 | 3,1 | 19. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,63 | 3,1 | 94. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 60 | 9,9 | 25. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 - | 2,90 | 5,6 | 56. |
| 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 - | 2,29 | 5,7 | 31. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l 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 separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis X 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 th | 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 | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CIVA Charter School Employer identification number 84-1375370

| Pa | rt I | Reason for Public (| Charity Status. | All organizations must o | omplete th | nis part.) S | See instructions. | |
|-------------------|--------|---------------------------------------|-----------------------------|---|-------------------------------------|-----------------|---|---|
| The | organ | ization is not a private found | ation because it is: (| For lines 1 through 12, o | heck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | |
| 2 | X | A school described in sect i | | | | | -NN-1- | |
| 3 | | A hospital or a cooperative | | • | | | ;;\ | |
| | \Box | | | | | | • | Ala a la a suitatia u a sua |
| 4 | | A medical research organiz | ation operated in co | njunction with a nospita | described | ın sectio | n 170(b)(1)(A)(III). Enter | the nospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owne | d or operat | ted by a g | overnmental unit describ | ped in |
| | | section 170(b)(1)(A)(iv). (C | complete Part II.) | | | | | |
| 6 | | A federal, state, or local government | vernment or governn | nental unit described in | section 17 | '0(b)(1)(A) | (v). | |
| 7 | | An organization that norma | lly receives a substa | ntial part of its support | rom a gov | ernmental | unit or from the general | public 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 | | | | ed in conju | ınction with a land-grant | college |
| | | or university or a non-land-g | | | | | | |
| | | university: | , and conlege of agric | | Lintor tho | riamo, on | y, and state of the coneg | ,0 01 |
| 10 | | An organization that norma | Ily receives (1) more | than 33 1/3% of its sun | port from (| contributio | one membershin fees a | nd gross receipts from |
| 10 | | | | | | | | |
| | | activities related to its exen | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fr | om busine | sses acqu | ilred by the organization | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | • , | | | | | |
| 11 | Н | An organization organized a | • | | | | | |
| 12 | | An organization organized a | and operated exclus | ively for the benefit of, to | perform t | the function | ons of, or to carry out the | e purposes of one or |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) d | r section (| 509(a)(2). | See section 509(a)(3). (| Check the box in |
| | | lines 12a through 12d that | describes the type o | f supporting organization | n and com | plete lines | s 12e, 12f, and 12g. | |
| а | | | nization operated, s | upervised, or controlled | by its sup | ported org | ganization(s), typically by | giving / |
| | | the supported organization | on(s) the power to re | gularly appoint or elect | a majority o | of the dire | ctors or trustees of the s | supporting |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connec | tion with it | s support | ed organization(s), by ha | aving |
| | | control or management o | | | | | | - |
| | | organization(s). You mus | | | | | | |
| _ | | Type III functionally inte | | | in connec | tion with | and functionally integrat | ed with |
| Ŭ | | its supported organization | - | | | | | od with, |
| d | | Type III non-functionally | | | | | | ization(s) |
| u | | | | | | | | |
| | | that is not functionally int | | • • | - | | • | iveriess |
| | | requirement (see instruct | | | | | | |
| е | | ☐ Check this box if the orga | | | | | a Type I, Type II, Type III | |
| _ | | functionally integrated, or | • • | nally integrated support | ing organiz | zation. | | |
| t | | er the number of supported of | | | | | | |
| g | | vide the following information | | | (iv) Is the orga | nization listed | (1) American of more actions | (vi) Amount of other |
| | (| i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | Organization | | àbove (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
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Section A. Public Support

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.)

| 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. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2020 (I | | | | | 14 | % |
| | Public support percentage from 2019 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2020. If the o | | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | ١ | | | ▶□ |
| b | 33 1/3% support test - 2019. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2020. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | s box and stop he | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances to | est. The organization | on qualifies as a p | ublicly supported | organization | | ▶□ |
| b | 10% -facts-and-circumstances tes | - | | | | | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | eck this box and st | op here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circ | umstances test. Th | he organization qu | alifies as a publicl | y supported organ | nization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17l | o, check this box a | and see instruction | s ▶∟ |

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

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

| Se | ction A. Public Support | ciow, piedec comp | oloto i art ii., | | | | |
|----------|--|-------------------|------------------|-------------|----------|---------------|---------------|
| | 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| ••• | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| 40 | assets (Explain in Part VI.) | | | | | | - |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | 504()(0) : . | |
| 14 | First 5 years. If the Form 990 is for the | <u> </u> | | | - | . , . , . | |
| <u>S</u> | check this box and stop here ction C. Computation of Publ | | | | | | P |
| | Public support percentage for 2020 (| | | column (fl) | | 15 | 96 |
| | Public support percentage from 2019 | | | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | 1 10 1 | 70 |
| 17 | | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | |
| | 33 1/3% support tests - 2020. If the | | | | | | |
| .50 | more than 33 1/3%, check this box a | | | | | | ▶ □ |
| ŀ | 33 1/3% support tests - 2019. If the | | | | | | and |
| • | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | • | | ŭ | |

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.)

| | Yes | No |
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| Par | t IV | Supporting Organizations (continued) | | - 10 | igo C |
|----------|----------|--|----------|------|---------------|
| . ui | | | | Yes | No |
| 11 | Hac the | e organization accepted a gift or contribution from any of the following persons? | | 162 | 140 |
| | | on who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| а | • | | 110 | | |
| L | | low, the governing body of a supported organization? | 11a | | |
| | | y member of a person described in line 11a above? | 11b | | |
| С | | controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 44- | | |
| 200 | | Part Ⅵ. . Type I Supporting Organizations | 11c | | Щ |
| 366 | tion b | Type i Supporting Organizations | | · · | _ |
| | | | | Yes | No |
| 1 | | governing body, members of the governing body, officers acting in their official capacity, or membership of one or upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectiv | ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | organization operate for the benefit of any supported organization other than the supported | | | |
| | • | ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | sed, or controlled the supporting organization. | 2 | | <u> </u> |
| sec | tion C | . Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | agement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | ported organization(s). | 1 | | <u> </u> |
| sec | tion D | . All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | • | ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | • |) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | ation's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | • | ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | _ | anization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | - | son of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | • | ant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | _ , , | ted organizations played in this regard. | 3 | | <u> </u> |
| sec | | Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | - | | |
| а | | 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. | | | |
| С | | he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | | |
| 2 | | es Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ostantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | • | ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | e organization was responsive to those supported organizations, and how the organization determined | | | |
| | | ese activities constituted substantially all of its activities. | 2a | | |
| b | | activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | ctivities but for the organization's involvement. | 2b | | |
| 3 | Parent | of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustee | s of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the | organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | |
|------|--|----------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust c | on Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | comple | ete 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 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | / integr | ated Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2020

instructions).

| Par | t v Type III Non-Functionally integrated 509 | (a)(3) Supporting Orga | anizations _{(continu} | ıed) | |
|----------|---|-----------------------------------|---------------------------------------|------|---|
| 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 | es of supported organization | ıs | 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 | e | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | ıs | (iii) 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) |) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| | 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 | | | | |
| | 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 | | | | |
| | 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

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CIVA Charter School

Employer identification number 84-1375370

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|----|--|---|--|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis- | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the or | | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of | a historically important land area |
| | Protection of natural habitat | Preservation of | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 7/25/06, and not on a historic structu | ıre |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | , handling of violations, and enforcing cons | servation easements during the year |
| | — | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservat | tion easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) about | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | - | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial stateme | ents that describes the |
| Da | organization's accounting for conservation easements. | 4 Aut Historical Traceruses on Of | hor Cimilar Accets |
| Pa | rt III Organizations Maintaining Collections o | | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | and be also as a sharehouse des |
| та | If the organization elected, as permitted under FASB ASC 95 | · · | |
| | of art, historical treasures, or other similar assets held for pu | | • |
| | service, provide in Part XIII the text of the footnote to its fina | | |
| D | If the organization elected, as permitted under FASB ASC 95 | • | |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | <u> </u> |
| ^ | | | |
| 2 | If the organization received or held works of art, historical tre | | gain, provide |
| _ | the following amounts required to be reported under FASB A | | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | |

| Par | t III | Organizations Maintaining C | ollections of Ar | t, Hist | orical Tr | easures, c | or Other | Similar A | Assets (cont | inued) | |
|----------|--------|--|-------------------------------|---------------|---------------|---------------------|--------------|---|---------------------|---------------|----------|
| 3 | Using | g the organization's acquisition, accession | on, and other record | s, check | any of the | following tha | t make sig | nificant use | of its | | |
| | collec | ction items (check all that apply): | | | | | | | | | |
| а | | Public exhibition | d | ı | oan or exc | hange progra | am | | | | |
| b | | Scholarly research | е | | Other | | | | | | |
| С | | Preservation for future generations | | | | | | | | | |
| 4 | Provi | de a description of the organization's co | llections and explair | n how th | ey further t | he organizati | on's exem | ot purpose i | n Part XIII. | | |
| 5 | Durin | ng the year, did the organization solicit or | receive donations of | of art, his | storical trea | sures, or oth | er similar a | ssets | | | |
| | | sold to raise funds rather than to be ma | | | | | | | Yes | No | <u> </u> |
| Par | t IV | Escrow and Custodial Arrang | | te if the | organizatio | n answered ' | "Yes" on F | orm 990, Pa | ırt IV, line 9, c | or | |
| | | reported an amount on Form 990, Par | | | | | | | | | _ |
| 1a | | e organization an agent, trustee, custodi | | | | | | | | | |
| | | orm 990, Part X? | | | | | | | Yes | L∐ No |) |
| b | If "Ye | es," explain the arrangement in Part XIII | and complete the fol | llowing t | able: | | | | | | _ |
| | | | | | | | | | Amour | nt | _ |
| | | nning balance | | | | | | 1c | | | _ |
| | | tions during the year | | | | | | 1d | | | _ |
| е | | butions during the year | | | | | | 1e | | | _ |
| f | | ng balance | | | | | | 1f | | | _ |
| | | he organization include an amount on Fo | | | | | - | ·? | └── Yes | ⊢ No |) |
| | | es," explain the arrangement in Part XIII. | | | | | | | | <u>. LJ</u> | _ |
| Par | τν | Endowment Funds. Complete if | 1 | | _ | | | | | | _ |
| | | <u> </u> | (a) Current year | (b) Pi | rior year | (c) Two year | rs back (d |) Three years | back (e) Fou | ir years back | _ |
| 1a | | nning of year balance | | | | | | | | | _ |
| b | | ributions | | | | | | | | | _ |
| С | | nvestment earnings, gains, and losses | | | | | | | | | _ |
| d | | ts or scholarships | | | _ | | | | | | _ |
| е | Othe | r expenditures for facilities | | | | | | | | | |
| | • | programs | | | | | | | | | _ |
| f | | nistrative expenses | | | | | | | | | _ |
| g | | of year balance | | | | | | | | | _ |
| 2 | | de the estimated percentage of the curr | ent year end balanc | e (line 10 | g, column (a | a)) held as: | | | | | |
| _ | | d designated or quasi-endowment | 2/ | _% | | | | | | | |
| b | | nanent endowment | % | | | | | | | | |
| С | | | 6 | | | | | | | | |
| _ | - | percentages on lines 2a, 2b, and 2c show | | | | | | | | | |
| Зa | | here endowment funds not in the posse | ssion of the organiza | ation tha | t are neid a | ina aaministe | erea for the | organizatio | n | V N- | _ |
| | by: | household annualizations | | | | | | | 0-(1) | Yes No | _ |
| | | Unrelated organizations | | | | | | | 3a(i) | | - |
| | (II) F | Related organizations | | | | | | | 3a(ii) | | _ |
| | | es" on line 3a(ii), are the related organiza | | | | | | | 3b | | _ |
| 4 Dar | t VI | ribe in Part XIII the intended uses of the Land, Buildings, and Equipm | | wment i | unas. | | | | | | _ |
| ı aı | L VI | Complete if the organization answered | | Dort IV | lino 11a G | Soo Form 000 | Dort V lir | 20.10 | | | |
| | | | | | | 1 | | umulated | (d) Do | ale volue | _ |
| | | Description of property | (a) Cost or ot basis (investm | | | or other (other) | ` ' | eciation | (a) Boo | ok value | |
| 10 | Land | | <u> </u> | .5111) | Dasis | (30101) | черге | Jointon | | | _ |
| | | inge | | | | | | | | | _ |
| | | ings ehold improvements | | | 23 | 3,010. | 11 | 19,529 | 11 | 3,481 | _ |
| | | | | | | 3,350. | | 31,960 | | 1,390 | |
| | | oment r | | | | - , · | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | + | _,550 | ÷ |
| | | lines 1a through 1e. (Column (d) must ed | | X colum | n (B) line 1 | 10c) | | | 11 | 4,871 | - |

| Scriedule D (Form 990) 2020 CI VII CIIGI CCI | DCHOOL | 0 1 | 13/33/0 Page 0 |
|---|----------------------------|---|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" o | | | l of coordinate colors |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | 1-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Table (Call (b) resist a gual Faver 2000 Part V. call (P) line 10.) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | | | |
| | - Faura 000 David IV/ line | 11a Cas Farms 000 Bart V line 10 | |
| Complete if the organization answered "Yes" o (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | I-of-vear market value |
| | (b) Book value | (b) Mothod of Valuation. Cost of circ | Tor your market value |
| (1) | | | |
| (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" o | n Form 990. Part IV. line | e 11d. See Form 990. Part X. line 15. | |
| | escription | | (b) Book value |
| (1) Deferred Outflows of Resou | | | 1,069,243. |
| (2) | | | , , |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | > | 1,069,243. |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) Net OPEB Liability | | | 109,610. |
| (3) Net Pension Liabilities | | | 3,015,442. |
| (4) Deferred Inflows of Resour | ces | | 1,210,547. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | > | 4,335,599. |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | |
|--------------------------|---|--------------------------|-----------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,243,119. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | Net unrealized gains (losses) on investments | | | |
| | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | 2d | | • |
| е | Add lines 2a through 2d | | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,243,119. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| а | , , , , | | | |
| b | Other (Describe in Part XIII.) | 4b | | 0 |
| С | Add lines 4a and 4b | A . | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 2,243,119. |
| Ра | rt XII Reconciliation of Expenses per Audited Financial State | - | enses per Retui | m. |
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | | | 1,633,194. |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,033,134 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1.01 | | |
| | Donated services and use of facilities | | | |
| | Prior year adjustments | | | |
| С. | | | | |
| | Other (Describe in Part XIII.) | | | 0 |
| | Add lines 2a through 2d | | | 1,633,194. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,033,134 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| _ | leavesture at a consequent in about a dead on Fermi COO Post VIII line 7h | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | 40 | 0. |
| b c | Other (Describe in Part XIII.) Add lines 4a and 4b | 4b | | 0. |
| b c 5 Pa | Other (Describe in Part XIII.) | 4b | 5 | 1,633,194. |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. | Part IV, lines 1b and 2b | 5 | 1,633,194. |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) In XIII Supplemental Information. Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Figure 1. | Part IV, lines 1b and 2b | 5 | 1,633,194 |

Schedule D (Form 990) 2020 032054 12-01-20

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CIVA Charter School

Employer identification number 84-1375370

| Pa | | | | |
|--------------------------------------|--|--|-----|---|
| | rt I | | | |
| | | | YES | ľ |
| | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | L |
| | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | L |
| | 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 | L |
| | All policies are available upon request. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | Γ |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | Γ |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | Γ |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | ı |
| | | | | L |
| | | | | |
| | Does the organization discriminate by race in any way with respect to: | | | |
| | | 5a | | |
| а | Students' rights or privileges? | 5a 5b | | _ |
| a b | Students' rights or privileges? Admissions policies? | | | |
| a b | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? | 5b | | |
| a b c d | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? | 5b 5c | | |
| a b c d | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? | 5b 5c 5d 5e | | |
| a b c d | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? | 5b 5c 5d 5e 5f | | |
| a b c d e f | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5b 5c 5d 5e 5f 5g | | |
| a b c d e f | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5b 5c 5d 5e 5f | | |
| a b c d e f | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5b 5c 5d 5e 5f 5g | | |
| a b c d e f g h | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5b 5c 5d 5e 5f 5g 5h | x | |
| a b c d e f g h | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5b 5c 5d 5e 5f 5g 5h | X | |
| a b c d e f g h | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? | 5b 5c 5d 5e 5f 5g 5h | X | |
| a b c d e f g h | Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5b 5c 5d 5e 5f 5g 5h | X | |

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

Schedule E (Form 990 or 990-EZ) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection

Employer identification number Name of the organization 84-1375370 CIVA Charter School Form 990, Part VI, Section B, line 11b: This form will be emailed and reviewed by all board members. Form 990, Part VI, Section C, Line 19: Documents available upon request. Form 990, Part XII, Line 2c: The finance committee oversees audit services and selection of independent auditors. This has not changed from the prior year.