**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2022 calendar year, or tax year beginning $\exists  egin{aligned} egin{aligned} 1 & 1 & 2 & 0 & 2 & 2 \end{aligned}$ and $egin{aligned} a & 2 & 0 & 2 & 2 & 2 \end{aligned}$	ل ending	UN 30, 202	23				
	Check if applicable	C Name of organization		D Employer iden	tification number				
	Addres change	CIVA Charter School							
	Name change			84-1375	5370				
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	uite E Telephone number 719-633-1306					
	return/ termin ated			G Gross receipts \$	3,078,422.				
	Amend	<b>3</b>		H(a) Is this a group return					
	return Applic tion		l	for subordina					
	pendir	same as C above	-	H(b) Are all subordinat					
$\overline{1}$	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1 ` '	h a list. See instructions				
_	Websit		. OLI	H(c) Group exemp					
		organization: X Corporation Trust Association Other	L Year	<del></del>	7 M State of legal domicile: CO				
	art I	Summary	1 = 1001		otato or rogal dorinono, o o				
	1	Briefly describe the organization's mission or most significant activities: CIVA	Chart	er High Sc	hool is a				
Governance	3	tuition-free, public high school in Color							
ď.	2	Check this box if the organization discontinued its operations or dispos			assets.				
Į.	3	Number of voting members of the governing body (Part VI, line 1a)			3 5				
ي	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 5				
ď	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5 60				
vitie	6	Total number of volunteers (estimate if necessary)		1	6 0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.				
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.				
				Prior Year	Current Year				
ď	8	Contributions and grants (Part VIII, line 1h)		228,958					
	9	Program service revenue (Part VIII, line 2g)		2,251,624					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			93.				
ш	ייו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,811					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,482,396					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.				
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		950,782					
Expenses	2   16a	Professional fundraising fees (Part IX, column (A), line 11e)		(	0.				
Ž	b		55.	777 202	006 546				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		777,292					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,728,074					
		Revenue less expenses. Subtract line 18 from line 12		754,322	<del></del>				
Net Assets or	o ce	Total coasts (Dout V. Koa 4C)	Ве	ginning of Current Ye					
SSei	20 21	Total assets (Part X, line 16)		1,812,449 3,353,858					
let A	21	Total liabilities (Part X, line 26)		-1,541,409					
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,341,403	, •   ±,±/0,009•				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of	f my knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			i my kilowiougo allu bellel, it 15				
aut	o, ooi100	g and completes become about or property (outlook than officer) to become all information of will	ιστι ρι υραι σι	nao any kilowioago.					
Sig	n	Signature of officer		Date					
He		Dawn Eiber-Thurmond, President							
. 16		Type or print name and title							
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Pai	d	Thomas G. Sistare Thomas G. Sistar	re  1	.0/27/23 if self-er	mployed P00356968				
	parer	Firm's name Hoelting & Company, Inc.		Firm's EIN	30-0514455				
	Only	Firm's address 31 East Platte Avenue, Suite 300							
-	•	Colorado Springs, CO 80903		Phone no.	(719) 630-1091				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			Yes X No				

	1990 (2022) CIVA Charter School	84-1375370 Page 2
Pai	rt III Statement of Program Service Accomplishments	•
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	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	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
_	revenue, if any, for each program service reported.	2 570 550
4a		nue\$2,370,339.
	Education of high school students.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	
40	(Code:) (Expenses 5) (Rever	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever	nue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses 2,293,584.	
		Form <b>990</b> (2022)

# Form 990 (2022) 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? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		3.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	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			₩.
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	
13		14a	21	Х
14a b		ı <del>-t</del> a		
	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) 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		Х
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
	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			
	Schedule L. Part I	25b		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	10.	5		
b	Enter the hamber of Fermi W Za moladed of time 1a. Enter of inflet applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	255	

Form 990 (2022) CIVA Charter School

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
<b>2</b> a	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		77								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
	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			х							
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a									
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Book and Figure 194 Assemble (FRAR)										
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
	<ul> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul>										
		5b 5c		Х							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х							
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou									
~	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against										
D	, i										
19a	amounts due or received from them.)  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	u									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	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										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

CIVA Charter School 84-1375370 Form 990 (2022) 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 Section A. Governing Body and Management No Yes 5 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

# in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 4635 Northpark Drive, Colorado Springs, CO 80918

## 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) Randall Zimmerman	40.00							1.40.000	•	46 64 5	
Headmaster	0.00			Х				148,030.	0.	46,615.	
(2) Dawn Eiber-Thurmond President	2.00	х		х				0.	0.	0.	
(3) Tom Sanny	2.00	Λ		^				0.	0.	0.	
Vice President	2.00	Х		х				0.	0.	0.	
(4) Viola Lee	2.00	Λ		^				<b>U•</b>	0.	0.	
Treasurer	2.00	Х		х				0.	0.	0.	
(5) Paula Salazar	2.00									•	
Secretary		Х		х				0.	0.	0.	
(6) Keith Benson	2.00										
Staff Rep		Х						0.	0.	0.	

Page 8

CIVA Charter School

Fai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)					
	(A)	(B)			_ (0				(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	stimate	ed	
		hours per	box	box, unless person is both an officer and a director/trustee)					compensation compensation			ar	nount	of	
		week		Cerar	ia a a	recio	T	lee)	from	from related			other		
		(list any	recto						the	organization			pensa		
		hours for related	or di	98			ated		organization	(W-2/1099-MIS			rom th		
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			janizat d relat		
		below	ual tr	tional		ploye	le ou	L	1099-NEO)		and related organization				
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			Organization				
			_	-		~	1 0	_							
							$\vdash$				$\overline{}$				
			-												
							⊢								
							_								
							_								
							_								
1b	Subtotal	•							148,030.		0.	4	6,6	<u> 15.</u>	
С	Total from continuation sheets to Part VI	I. Section A							0.		0.				
	Total (add lines 1b and 1c)								148,030.		0.	0. 46,615.			
2	Total number of individuals (including but no								•	000 of reportable					
_	compensation from the organization	or invited to the	000		u u.	,,,,	,	0.0	, convoca mono unam proo,	ooo or roportable				1	
	componed for from the organization												Yes	No	
3	Did the organization list any <b>former</b> officer,	director truste	ا مد	(0)/ (	mnl	0.40	a or	hia	heet compensated emp	lovee on	1				
3		•		•	•	•		•		•		3		Х	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		21	
4	· · · · · · · · · · · · · · · · · · ·	•								•		4		Х	
_	and related organizations greater than \$150											4		22	
5	Did any person listed on line 1a receive or a	•				•			•			_		Х	
800	rendered to the organization? If "Yes." com	<u>plete Schedule</u>	e J f	or st	ıch <u>i</u>	oers	on				<u></u>	5		Λ	
	tion B. Independent Contractors														
1	Complete this table for your five highest con										ensa	tion fro	om		
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.					
	(A)	addraga	37/	~***					(B)	am daga	_		C)	_	
	Name and business	address	N	INC	<u> </u>			$\dashv$	Description of s	ervices		ompe	nsatio	11	
	<del></del>														
_															
2	Total number of independent contractors (ir	ncludina but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than					
_	\$100,000 of compensation from the organization				-	(		_	,						

Form 990 (2022) CIVA Charter School
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
សស	1 a	Federated campaigns	1a					
au au	b							
⊋ ह		Fundraising events						
ifts Ir A		Related organizations						
nii G		Government grants (contribut		506,279.				
Sir		All other contributions, gifts, grai	· <del>                                     </del>	•				
k E	-	similar amounts not included abo		1,491.				
草草	g			•				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			507,770.			
				Business Code				
ø	2 a	Per Pupil Rever	nue	611110	1,802,108.	1,802,108.		
Program Service Revenue		Mill Levy Overr		611110	642,115.	642,115.		
Ser	С	Other Program S		611110	97,786.	97,786.		
an e	d					-		
Be	е							
P.	f	All other program service reve	enue					
	g	<b>-</b>			2,542,009.			
	3	Investment income (including	dividends, interes					
					93.			93.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	a					
	b	Less: rental expenses 6k	ь					
	С	Rental income or (loss) 60	С					
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	a					
	b	Less: cost or other basis						
ē		and sales expenses	b					
ther Revenue	С	Gain or (loss) 70	c					
Ş		Net gain or (loss)						
ē		Gross income from fundraising e						
₹		including \$	of					
		contributions reported on line						
		Part IV, line 18	8a					
	b	Less: direct expenses						
	С	Net income or (loss) from fun-	draising events					
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
$\Box$	С	Net income or (loss) from sale	es of inventory					
<sub>o</sub>				Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS F	REVENUE	611110	28,550.	28,550.		
ane	b							
SeV Sev	С							
Mis	d	All other revenue			00 556			
$\perp$	е	Total. Add lines 11a-11d			28,550.	0 550 550		
	12	Total revenue. See instructions			3,078,422.	2,570,559.	0.	93.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 179,708. 134,782. 44,926. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 174,393. Other salaries and wages 1,162,620. 988,227. 7 Pension plan accruals and contributions (include 363,492. 304,102. 59,390. section 401(k) and 403(b) employer contributions) 154,845. 185,086. 30,241. Other employee benefits 9 17,650. 14,766. 2,884. 10 Payroll taxes 11 Fees for services (nonemployees): Management 85. 85. Legal 8,600. 8,600. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 10,835. 72,231. 61,396. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,215. 13,783. 2,432. Depreciation, depletion, and amortization ..... 22 26,314. 22,367. 3,947. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Purchased Services 244,950. 208,207. 36,743. 123,421. Supplies 123,421. 82,173. 14,501.96,674. District Purchased Serv 13,040. 86,939. 73,634. 265. d Other Expenses 131,117.111,881. 19,236. e All other expenses 2,715,102. 2,293,584. 421,253. 265. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

# Form 990 (2022) Part X Balance Sheet

Га	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	841,755.	1	1,313,372.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	4,514.
	4	Accounts receivable, net			173,481.	4	97,638.
	5	Loans and other receivables from any current	or former o	officer, director,			
		trustee, key employee, creator or founder, su	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	ns		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			26,463.	9	14,555.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		253,495.			
	b	Less: accumulated depreciation		151,277.	97,948.	10c	102,218.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14	740 704		
	15	Other assets. See Part IV, line 11		672,802.	15	713,724.	
	16	Total assets. Add lines 1 through 15 (must e			1,812,449.	16	2,246,021.
	17	Accounts payable and accrued expenses			92,573.	17	85,218.
	18	Grants payable			025	18	F7F
	19	Deferred revenue			835.	19	575.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
-ja		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line	ies 17-24). (	Somplete Part X	3,260,450.	O.E.	3,338,317.
	26	of Schedule D			3,353,858.	26	3,424,110.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		X	3,333,030.	20	J, 424, 110•
S		and complete lines 27, 28, 32, and 33.	HECK HEIE				
õ	27	Net assets without donor restrictions			-1,854,571.	27	-1,502,251.
ala	28	Net assets with donor restrictions			313,162.	28	324,162.
B	20	Organizations that do not follow FASB ASC			313/1021	20	321/1021
臣		and complete lines 29 through 33.					
<u>p</u>	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated			31		
Net Assets or Fund Balances	32	Total net assets or fund balances			-1,541,409.	32	-1,178,089.
Z	33	Total liabilities and net assets/fund balances			1,812,449.	33	2,246,021.
		Total habilities and not assets/fully balances			=, ==, ==, ==, ==,		Garage 990 (0000)

Pa	TEXT RECONCILIATION OF NET ASSETS									
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				22.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	715	,10	02.				
3	Revenue less expenses. Subtract line 2 from line 1	3		363	3,32	20.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,!	-1,541,40						
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	-1,1	178	, 08	89.				
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 on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L:	2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Ι.	3b						
			F	orm <sup>9</sup>	9 <b>90</b> (	(2022)				

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

		CIVA	Charter So	chool				8	4-1375370	
Par	t I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
Гhe o	rgani	zation is not a private found								
1 [	Ĭ	A church, convention of chi	•		-	-	I)(A)(i).			
	X	A school described in <b>sect</b> i					X X/			
з Г	一	A hospital or a cooperative				(b)(1)(A)(ii	i).			
4	一	A medical research organiza						(iii). Enter	the hospital's nam	ie.
		city, and state:		<b>,</b>				(,		-,
5		An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C		,,		, 9-				
6		A federal, state, or local gov		ental unit described in	section 17	70/h)/1)/A)	(v)			
7	=	An organization that norma	-					e general i	nublic described in	
' -		section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	on in Critary		c general i	Jabile described in	
8	$\neg$	A community trust describe		1VAVvi) (Complete Bor	+ II \					
	=	•			•	ad in coniu	notion with a	land grant	aallaga	
9 [		An agricultural research org				-		-	-	
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	trie college	e Or	
<b>40</b> [	$\neg$	university:		No 00 1 /00/ - f its					d	
10 [		An organization that norma								
		activities related to its exem	•	·					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	rea by the org	anization a	mer June 30, 1975	•
٦ . ٦	_	See section 509(a)(2). (Cor	•	and the head for a delice and			20(-)(4)			
11 L	=	An organization organized a	•	•	•					
12		An organization organized a	· ·	- ·	•			•		
		more publicly supported org							Sneck the box on	
_		lines 12a through 12d that	* *					-	t t	
а		Type I. A supporting orga	•		•	-				
		the supported organization			majority o	or the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	-					· (-)		
b		Type II. A supporting org	•				-		-	
		control or management o			ame perso	ns mai coi	ntroi or manaç	je trie supp	Dortea	
_		organization(s). You mus			in connect	tion with a	and functional	v intograta	od with	
C		Type III functionally inte						y integrate	ea witri,	
a		its supported organization  Type III non-functionally						tad argani	ration(a)	
d		that is not functionally int	•				• •	•	` ,	
		requirement (see instructi		• ,	•		•	an allenin	/eness	
_		Check this box if the orga	•	•	•			I. Tupo III		
е		functionally integrated, or					Type I, Type I	i, rype iii		
	Ento	r the number of supported of	• •	ially integrated supporting	ig organiz	ation.				
		ide the following information	•	d organization(s)						
_ 9_		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of oth	ner
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruct	tions)
				above (occ motractiona)						
Fata!							ı		Ī	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		*	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		~			or more, check thi	
b	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (	
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE OIGHILL	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		314 1151 011601 4	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	000 1110010010110	

#### 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
Se	ction B. Total Support		1	T	Г	1	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					[ [01/2]/(0) =====i==ti	
14	<b>First 5 years.</b> If the Form 990 is for the check this box and <b>stop here</b>	-			-		
Sec	ction C. Computation of Publi		centage				·····
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, (),	• •			16	%
	ction D. Computation of Inves		-			1.0	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
 10b		0000
 A /Earn	~ aan)	ついつつ

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	direct	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported	•		
_		ization(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,	2		
Sec	supen tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
		5. Type ii cupper iiiig cigaiii <b>-</b> aiiciic		Yes	No
1	Moro	a majority of the arganization's directors or trustees during the tax year also a majority of the directors		162	NO
•		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	<u>the su</u> tion Γ	pported organization(s).  D. All Type III Supporting Organizations	1		
-		7.7. Type in cupporting organizations		V	NI.
	D: 1 H-			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
200	suppo	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
Sec					
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	I ' I	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	$\it \Pi$ the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.	3b		

Sche	edule A (Form 990) 2022 CIVA Charter School			84-1375370 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on No	ov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	ections 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		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
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 organizations	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9				9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u> </u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

### **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 Inspection

Name of the organization

CIVA Charter School

**Employer identification number** 84-1375370

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds 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 v		ld in donor advise	d 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 of	r donor advisor, or for an	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the o	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conse	ervation ease	ments during the year
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	orcing conservati	on easement	is during the year
•	Door and a construction assessment was acted as line (C/d) above		fti 170/b	\/4\/D\/;\	
8	Does each conservation easement reported on line 2(d) above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's	imanciai statemer	nts that desc	ribes trie
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
1a	If the organization elected, as permitted under FASB ASC 95		nue statement an	d balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan			-	
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organ	ization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other as:	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	: IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	ı, column (a	)) held as:	•			•	
а	Board designated or quasi-endowment		%		•					
b	Permanent endowment	%	_							
С	Term endowment	<del></del> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administe	red for the	е			
	organization by:	-							Y	es No
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?						
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	der	oreciation			
1a	Land									
	Buildings									
	Leasehold improvements			25	3,495.	1	151,2	77.	102	,218.
d	Equipment									
_е	Other									
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	Oc.)				102	,218.

Schedule D (Form 990) 2022 CIVA Charte Part VII Investments - Other Securities.	er School	84	-13/53/0 Page 3
Complete if the organization answered "Yes	on Form 990 Part IV line	e 11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Wethod of Valdation. Cost of City	d of year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		. 44 - O Farma 000 Bart V Fran 40	
Complete if the organization answered "Yes		-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	
·	) Description		(b) Book value
(1) Deferred Outflows of Reso	urces		713,724.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		713,724.
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Net OPEB Liability			95,746
(3) Net Pension Liabilities			2,810,088
(4) Deferred Inflows of Resou	rces		432,483
(5)			·
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lir	ne 25 )		3,338,317

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

3 <u>4</u> – urn.	1375370	Page 4
1	3,078,	422.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	-	
1			1	3,078,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, , , , ,
	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,078,422.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	3,078,422.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	enses per Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	2,715,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
С				
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,715,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	(THIS THASE COURT STITL COS. T GITT, INTO TO.)		5	2,715,102.
	rt XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional information.		

#### **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

#### 84-1375370 CIVA Charter School Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, 2 Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general Х community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 All policies are available upon request. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Х 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 If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? X Admissions policies? 5b Employment of faculty or administrative staff? Scholarships or other financial assistance? 5d Х Educational policies? f Use of facilities? 5f g Athletic programs? 5g Х Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

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

racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990) 2022

X

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CIVA Charter School

**Employer identification number** 84-1375370

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.