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 **Open to Public**

Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the	he latest in	formation.	Inspection
			ar year, or tax year beginning $JUL \ 1 \ , \ 2022$ and c	ending J	UN 30, 2023	
	Check if pplicab		ation number			
	Addre	East	lake High School			
	Name		20			27
	Initial			Room/suite	E Telephone number	
	Final returr	1810	Eastlake Blvd		719-300-8	3947
	termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,729,251.
	Amer returr	Colo	rado Springs, CO 80910		H(a) Is this a group re	turn
	Appli tion	^{ca-} F Name a	nd address of principal officer: Stanley Gbandawa		for subordinates?	9 Yes 🔀 No
	pend		as C above		H(b) Are all subordinates inc	luded? Yes No
1.	Fax-ex	empt status:		or 📃 527	If "No," attach a l	ist. See instructions
	Nebs		://www.eastlakehs.net/		H(c) Group exemption	number
	_	f organization: [X Corporation Trust Association Other	L Year	of formation: 2004 M	State of legal domicile: CO
Pa	art I	Summary			-	
Ø	1		e the organization's mission or most significant activities: Educa			
Governance		<u>at risk</u>	students not thriving in a tradit	ional	high school	setting.
srna	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
Š	3					4
	4		ependent voting members of the governing body (Part VI, line 1b)			4
es	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0
Activities &	6		of volunteers (estimate if necessary)			0
Act						0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		271,757.	442,973.
Revenue	9		ce revenue (Part VIII, line 2g)		<u>1,082,852</u> . 450.	<u>1,241,307.</u> 7,125.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,451.	37,846.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,358,510.	1,729,251.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14				0.	0.
	45		c or for members (Part IX, column (A), line 4)		831,128.	580,698.
ses	162		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ng expenses (Part IX, column (D), line 25)	0.		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		615,535.	741,406.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,446,663.	1,322,104.
	19		expenses. Subtract line 18 from line 12		-88,153.	407,147.
OL					ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		908,491.	1,051,876.
ASS	21		(Part X, line 26)		2,539,421.	2,227,168.
Net	22	Net assets or	fund balances. Subtract line 21 from line 20		-1,630,930.	-1,175,292.
	art II	Signature	Block			

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

Т

Sign	Signature of officer			Date			
	Stanley Gbandawa, Board P	resident					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	Thomas G. Sistare	Thomas G. Sistare	11/08	/23 self-employed	P00356968		
Preparer	Firm's name Hoelting & Compan	y, Inc.		Firm's EIN 30-	0514455		
Use Only	Firm's address 31 East Platte Av	enue, Suite 300					
	Colorado Springs,	CO 80903		Phone no. (719) 630-1091		
May the I	May the IRS discuss this return with the preparer shown above? See instructions Yes X No						
232001 12-1	12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

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Pa	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:		
	Eastlake High School, fka Life Skills Center of Colorado	Springs was	
	established to provide its students with an individualize		
	self-paced, computer-based, and tuition-free education co		_
	a life skills and vocational training component.	_	_
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes X N	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		U
~			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		0
_	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 r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,120,558. including grants of \$) (Revenue (Rev	^{le \$} 1,279,153.	_)
	Provided an educational facility and services to students		
	dropped out of, or are at risk of dropping out of, their		
	high school, and provided those individuals with a high s	school	
	education, job training and other life skills.		
			_
			—
			—
-			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	\$	_)
			_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue		
70		ле ф	_ /
			—
			—
			—
			—
			—
4d	Other program services (Describe on Schedule O.)		
Ψu		١	
4.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,120,558.)	—
4e	Total program service expenses 1,120,558.	Earm 990 (20)	

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Form 990 (2022) Eastlake High 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		X
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		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
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		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
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, 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,	44-	х	
	Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	TIC		- 23
u		11d	Х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	Х	
14a		14a		X
	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		x
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		X
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		X

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 Eastlake High 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			
	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		
с	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		
25a	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%	1	ĺ	
	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? If			
	"Yes," complete Schedule L, Part IV	28a	1	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	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		<u> </u>
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).			37
	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?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	-		v
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
لم	to file Form 8282?	7c		
d		7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<u> </u>
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business notings at any time during the year?			
a	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		<u> </u>
10	Section 501(c)(7) organizations. Enter:	0.0		
a	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
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.			

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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	and a second stand stand the stand that a Devision of the
Check if Schedule O contains a respon	ne or note to any line in this Part VI

X

Sec	tion A. Governing Body and Management				
			Ì	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4			
	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	4			
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	2		Х
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			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		;		Х
6	Did the organization have members or stockholders?		;		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?	7	a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-		
	persons other than the governing body?	7			х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8		x	
h	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	g			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				/es	No
10a	Did the organization have local chapters, branches, or affiliates?	10			X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		<u> </u>		
D D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	h		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11			X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		<u>u</u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	· .	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		-		х
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>				
Ŭ	on Schedule O how this was done	12			х
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?				x
15	Did the process for determining compensation of the following persons include a review and approval by independent		-		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15			Х
	Other officers or key employees of the organization	15			X
D D	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				
100	taxable entity during the year?	16	a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		<u> </u>		
D D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	h		
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)(3)s on	v) av	ailah	ble
	for public inspection. Indicate how you made these available. Check all that apply.	_,5 011	<i>,,</i> av	2.100	
	Own website Another's website X 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, a	nd fin	ancia	al	
	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				
-0	The Organization - 719-300-8947				
	1810 Eastlake Blvd, Colorado Springs, CO 80910				

Part VII	Compensation of Offi	cers, Directors, T	Frustees, Key	Employees, H	lighest Co	ompensated
	Employees, and Indep			•••	•	•

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.

• 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.

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

Name and title Average hours per list any below Description order and attention water below Reportable compensation from organization (W-2/1099-MSC) Estimated compensation from organization (W-2/1099-MSC) (1) Nicole Simmons Rochon 1.00 X X 0. 0. (2) Jant Avian 0.50 X X 0. 0. (3) Stabley Charles 0.50 X X 0. 0. (4) Floring becatro 0.50 X X 0. 0. (3) Stabley Charles 0.50 X X 0. 0. (4) Floring becatro 0.50 X X 0. 0. (4) Floring becatro 0.50 X X 0. 0. (4) Floring becatro 0.50 X X 0. 0. (5) Board Director 0.50 X X 0. 0. (5) Board Director 0. 0. 0. 0. </th <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee)compensation from the organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations 	Name and title	Average	(do	not c	Pos	ition) than c	ne	Reportable	Reportable	Estimated
Week (list any hours for related 			box	, unle	ss per	rson i	s both	n an			
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.				cer ar		recio	r/trus	lee)			
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.			irecto								
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.			e or d	tee			sated				
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.			ruste	l trus		/ee	npen			1033-1120)	
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.		-	dual t	utiona	-	mploy	st col	L.			
(1) Nicole Simmons-Rochon1.00XX0.0.0.TreasurerXX0.0.0.0.(2) Janet Avion0.50XX0.0.0.SectretaryXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.			Indivi	Instit	Office	Key e	Highe	Form			0
(2) Janet Avion0.50XX00.00.SectretaryXXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXXX0.0.0.(4) Florian Dscastro0.50IIII	(1) Nicole Simmons-Rochon	1.00									
(2) Janet Avion0.50XX00.00.SectretaryXXX0.0.0.0.(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXXX0.0.0.(4) Florian Dscastro0.50IIII	Treasurer		х		X				0.	0.	0.
(3) Stanley Gbandawa1.00XX0.0.0.Board PresidentXX0.0.0.0.(4) Florian Dscastro0.500.0.0.0.	(2) Janet Avion	0.50									
Board PresidentXX0.0.0.(4) Florian Dscastro0.50 </td <td>Sectretary</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	Sectretary		Х		Х				0.	0.	0.
(4) Florian Dscastro 0.50	(3) Stanley Gbandawa	1.00									
	Board President		Х		Х				0.	0.	0.
Board Director X X X 0. 0. 0.	(4) Florian Dscastro	0.50									
	Board Director		Х		Х				0.	0.	0.
				<u> </u>							
				<u> </u>							
			•								
			1								
			1								
			1								
			1								

Form 990 (2022)	Eastlake									20-14	1863	827	P	age 8
Part VII Section A	. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
Nam	(A) le and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson is	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below	Individual trustee or director	institutional trustee	sr	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
		line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
			-											
			-											
									0.		0.			0.
c Total from cont d Total (add lines	tinuation sheets to Part VI							•	0.		0.			0.
	individuals (including but n	ot limited to th) wh	o re	-	l 000 of reportable				0.
	rom the organization		000	noto	a ao	.010	,	0.10						0
											_		Yes	No
3 Did the organiza	tion list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on				
	" complete Schedule J for s											3		X
	al listed on line 1a, is the su													x
	anizations greater than \$150 listed on line 1a receive or a										····	4		
• •	organization? If "Yes." com	-				-			-			5		x
Section B. Independ		,												
	able for your five highest co . Report compensation for t										ensati	on fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper	;) nsatio	n
	independent contractors (in		ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

Ра	rt VII							
		Check if Schedule O	contains a respo	nse or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under
	-							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		<u>1a</u>					
Gra	b		<u>1b</u>					
ts,	С	J						
ilar İlar	d	•		437,047.				
Sim's	e	5		437,047.				
utio	f			5,926.				
0 th D		similar amounts not included						
no Dd	y b	Noncash contributions included in			442,973.			
0 0		Total. Add lines 1a-1f		Business Code	112,975.			
	0.0	Per Pupil Rev	zenile	611110	915,207.	915,207.		
Program Service Revenue	z a b		Cirac	611110	326,100.			
Ser	c				52072000	520,2000		
E 2	d							
gra Re	e							
Pro	f		revenue					
	a.				1,241,307.			
	3	Investment income (inclue			, ,			
		•	•		7,125.			7,125.
	4	Income from investment						-
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
			(i) Real					
	6 a	Gross rents	6a					
	b		6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss	s) <u></u>					
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
en		and sales expenses	7b					
Revenue	с	Gain or (loss)	7c					
Re	d	Net gain or (loss)						
her	8 a	Gross income from fundraisi	ing events (not					
Oth			of					
		contributions reported on	,					
		Part IV, line 18		8a				
	b			8b				
		Net income or (loss) from	•					
	9 a	Gross income from gamir						
	_	Part IV, line 19		9a				
	b			9b				
		Net income or (loss) from		s				
	10 a	Gross sales of inventory,		10-				
	h	and allowances		10a				
		Less: cost of goods sold		10b				
_	C	Net income or (loss) from	sales of invento	7 Business Code				
sn	11 ~	Miscellaneous	Revenue		37,846.	37,846.		
oer ue	n a b				57,010.	57,040.		
scellaneo <u>Revenue</u>	а С							
Miscellaneous Revenue	ט ה	All other revenue						<u> </u>
Σ		Total. Add lines 11a-11d			37,846.			
		Total revenue. See instruction			1,729,251	1,279,153.	0.	7,125.

Eastlake High School

Form 990 (2022)

20-1486327

Page **9**

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.)327,167. 278,092. 49,075.a Purchased Services327,167. 278,092. 49,075.b Instructional Supplies71,193. 71,193.c Repairs and Maintance35,752. 30,389. 5,363.d District Buyback Servic29,815. 25,343. 4,472.e All other expenses50,501. 42,926. 7,575.25 Total functional expenses. Add lines 1 through 24e1,322,104. 1,120,558. 201,546. 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 if totlowing SOP 98-2 (ASC 958-720)1	000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				
(2), B0, B, and TUD of Part Will. expenses general expenses expenses (2), B0, B, and TUD of Part Will. (2), B1, B1, B1, B1, B1, B1, B1, B1, B1, B1	Do		(A)		(C)	(D)
and domestic governments. See Part IV, line 21			Total expenses		Management and	
2 Grants and other assistance to domestic individuals. See Part V, lines 13 and 10 Grants and other assistance 15 toreign organizations, foreign governments, and toreign individuals. See Part V, lines 13 and 10 Benefits paid to of or members Compensation of current offense, directors, trustees, and key employees	1	Grants and other assistance to domestic organizations				
2 Grants and other assistance to domestic individuals. See Part V, lines 15 and 16 corporations of current officers, directors, trustees, and key employees Image: Corporation of current officers, directors, trustees, and key employees 6 Componention incluided above to singuilitie persons (as defined under section 4868(17)) and persons discription inscluided above to singuilitie persons (as defined under section 4868(17)) and persons discription inscluided above to singuilitie persons (as defined under section 4868(17)) and persons discription inscluided above to singuilitie persons (as defined under section 4868(17)) and persons discription (as defined under sectinde as defined under sectinde astruption (as defined under secti		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign markings, foreign governments, and foreign functivitatis. See Part IV, lines 15 and 16 Compensation of current offices, directors, functes, and key employees Image: Compensation of current offices, directors, functes, and key employees 4 Benefits paid to or formembers Image: Compensation of current offices, directors, functes, and key employees Image: Compensation of current offices, directors, functes, and key employees 6 Compensation included back to disguilled persons description excellend 98:0(11) and restore description excellend 99:0(11) and restore restore restore restore restore restore fore restore res	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16 4 Barefits paid to of or members 5 Compensation of current officars, directors, trustees, and key employees 6 Compensation of nucled above to signalitied presons described in section 49568(19) and presons described in section 49568(19) and presons described in section 49568(19) and apply contributions (include section 40(k) and 403(b) employer contributions (include section 40(k) and 403(b) employe	3	Grants and other assistance to foreign				
4 Benits paid to of or members 5 Compensation of current officers, directors, trustes, and key employes 6 Compensation not include above to disgualified persons (as thefma under section \$850(1)) and persons described in section \$850(1) and approximate and vages 6 Pension plan accruals and contributions (include section 401(k) and 402(k)) employer contrubions (include section 401(k) and 402(k)) employer contrubions (include section 401(k) and 402(k)) employers (include section 401(k)) and 402(k) employers (include section 401(k)) and 402(k) employers (include section 401(k)) employers (include section 40		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustess, and key employees		individuals. See Part IV, lines 15 and 16				
tusteses, and Key employees	4	Benefits paid to or for members				
6 Compensation not included above to disquified persons described in section 4958(P(3)(8) 668,938. 568,597. 100,341. 7 Other salaries and vages 668,938. 568,597. 100,341. 8 Pension plane acruals and contributions (include section 401(k) and 403(c) employer contributions) -154,895. -131,661. -23,234. 9 Other employee benefits 21,071. 17,910. 3,161. 1 Fees for services (nonemployees): 45,584. 38,746. 6,838. 9 Other employee benefits 21,071. 17,910. 3,161. 1 Fees for services (nonemployees): 11,563. 11,563. 11,563. a Management 11,563. 11,563. 14,800. 14,800. 6 Other; (II ine 11g amount excests 10% of line 25, column (A), amount, list line 11g express on School. 54,026. 45,922. 8,104. 10 Information technology 6,222. 5,289. 933. 129,448. 110,031. 19,417. 11 Travel 129,448. 110,031. 19,417. 129,448. 10,031. 1,024.	5	Compensation of current officers, directors,				
persons (as defined under section 4958(c)(3)(b) 668,938. 568,597. 100,341. 7 Other saties and vages 668,938. 568,597. 100,341. 8 Persion plan accruals and contributions (include section 4010; and 4030; operations) -154,895. -131,661. -23,234. 9 Other employee benefits 45,584. 38,746. 6,838. 0 10 Payroll taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): 11,563. 4,800. a Management 9 11,563. 4,800. b Legal 11,563. 4,800. 11,563. 9 Other, (ill in t1g anount coceds 10% of line 25, column (A), amount, list line 11g expenses on Sch.0, 12 4,800. 4,800. 13 Office expenses 91. 77. 14. 16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 20 Other, (ill interest expenses for any bederal, stac, or local public officials 14,003. 11,903. 2,100. 18 Payments of arayle or entretainment expenses for any bederal, stac, or local public officials 14,003. 1,024. 14,003. 1,024. 20		trustees, and key employees				
persons described in section 4958(c)(3)(8) 668,938. 568,597. 100,341. 7 Other salaries and wages 668,938. 568,597. 100,341. 8 Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 455,584. 38,746. 6,838. 10 Payroll taxes -131,661. -23,234. 10 Payroll taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): a 38,746. 6,838. 21,071. 17,910. 3,161. - 12 Accounting 11,563. - - d Lobbying - - - - e Prestional fundrating services. SeP att IV, line 17 investment fee. - - g Other: (If line 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on Sch 0. 4,800. 4,800. 12 Advertising and promotion 91. 77. 14. - 14 Information technology 6,222. 5,289. 933. - 13 Office expenses - 129,448. 110,031. 19,417. 14 normation technology - 6,825. 5,801. <td< th=""><th>6</th><th>Compensation not included above to disqualified</th><th></th><th></th><th></th><th></th></td<>	6	Compensation not included above to disqualified				
7 Other salaries and wages 668,938. 568,597. 100,341. 8 Pension plan acruals and contributions) -154,895. -131,661. -23,234. 9 Other employee benefits 45,584. 38,746. 6,838. 10 Payoff taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): 111,563. 11,563. 11 Fees for services (nonemployees): 111,563. 11,563. 12 Aventing 11,563. 11,563. 14 Information taxing services. See Part IV, line 17 11,563. 4,800. 12 Aventing and promotion 54,026. 4,800. 13 Office expenses 91. 77. 14. 14 Information technology 6,222. 5,289. 933. 15 Royalties 91. 10,031. 19,417. 16 Occupancy 129,448. 110,031. 19,417. 16 Conferences, conventons, and meetings 91. 77. 14. 16 Order expenses on ling 240, fonsees on ling 240. 11,903. 2,100. <th></th> <th>persons (as defined under section 4958(f)(1)) and</th> <th></th> <th></th> <th></th> <th></th>		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruits and contributions (include section 401(k) and 403(b) employer contributions) -154,895. -131,661. -23,234. 9 Other employees benefits 45,584. 38,746. 6,838. 10 Payroll taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): a a a a Management 11,563. - - b Legal 11,563. - - c Accounting - - - - d Lobbying - - - - - e Professional fundrating services. See Part IV, line 17 information technology 54,026. 4,800. -		persons described in section 4958(c)(3)(B)				
8 Pension plan accruits and contributions (include section 401(k) and 403(b) employer contributions) -154,895. -131,661. -23,234. 9 Other employee benefits 45,584. 38,746. 6,838. 10 Payroll taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): a a a a Management 11,563. 21,071. 17,910. 3,161. b Legal 11,563. 11,563. - - c Accounting 11,563. - - - - d Lobbying -	7		668,938.	568,597.	100,341.	
9 Other employee benefits 45,584. 38,746. 6,838. 10 Payrolt taxes 21,071. 17,910. 3,161. 11 Fees for services (nonemployees): 11,563. 11,563. a Management 11,563. 11,563. b Legal 11,563. 11,563. c Accounting 11,563. 11,563. d Lobbying 4800. 4800. e Professional fundraising services. See Part IV, line 17 1 1 f Investment management tees 9 14,800. 4,800. g Other. (If line 11g anount exceeds 10% of line 25, culture (A, 800. 4,800. 4,800. column (A), amount, list line 11g expenses on Sch 0.) 54,026. 45,922. 8,104. 12 Advertising and promotion 54,026. 45,922. 8,104. 13 Office expenses 91. 77. 14. 14 Information technology 6,222. 5,289. 933. 16 Occupancy 129,448. 110,031. 19,417. 17 Tavel 14,003. 11,903. 2,100. 21 Pay	8					
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11 Fees for services (nonemployees): a Management	9	Other employee benefits		38,746.	6,838.	
11 Fees for services (nonemployees): a Management 11,563. b Legal 11,563. c Accounting 11,563. d Lobbying 11,563. e Professional fundraising services. See Part IV, line 17 f Investment management fees 4,800. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch.O.) 24 Advertising and promotion 13 Office expenses 9 14 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 12 14 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 14 14 15 16 0 capterizes and maintization 16 17 18 19 Conferences, conventions, and meetings 14 14 14 14 14 14 13 14 14 14 14 14 17 18 19 19 19 10 <	10	Payroll taxes	21,071.	17,910.	3,161.	
b Legal 11,563. c Accounting 11,563. d Lobbying	11					
c Accounting	а	Management				
d Lobbying	b	Legal	11,563.		11,563.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch OJ 24 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 19 Conferences, conventional supplies c Repairs and Maintance d District Buyback Servic e All other expenses c Repairs and Maintance d District Buyback Servic e All other expenses complete his line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here	с	Accounting				
f Investment management fees	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 4,800. 4,800. 12 Advertising and promotion 54,026. 4,800. 13 Office expenses 91. 77. 14. 14 Information technology 6,222. 5,289. 933. 15 Royaties 6,222. 5,289. 933. 16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 9 19 Conferences, conventions, and meetings 14,003. 11,903. 2,100. 21 Payments to affiliates 9 14,003. 1,903. 2,100. 22 Depreciation, depletion, and amortization 6,825. 5,801. 1,024. 23 Insurance 327,167. 278,092. 49,075. 24 amount exceed 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0, amount exceed 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0, amount exceed 10% of line 25, column (A), amount (B) column (B	е	Professional fundraising services. See Part IV, line 17				
column (A), amount, list line 11g expenses on Sch 0.) 4,800. 4,800. 12 Advertising and promotion 54,026. 45,922. 8,104. 13 Office expenses 91. 77. 14. 14 Information technology 6,222. 8,289. 933. 16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 14,003. 11,903. 2,100. 19 Conferences, conventions, and meetings 14,003. 11,903. 2,100. 21 Payments to affiliates 2 2,100. 6,825. 5,801. 1,024. 24 Other expenses. Itemize expenses on Schedule 0. 327,167. 278,092. 49,075. 5 25 Instructional Supplies 71,193. 71,193. 2 2 29,815. 25,343. 4,472. 2 26 Alptarizet Buyback Servic 29,815. 25,754. 0. 0. 322,104. 1,120,558. 201,546. 0. <	f	Investment management fees				
12 Advertising and promotion 54,026. 45,922. 8,104. 13 Office expenses 91. 77. 14. 14 Information technology 6,222. 5,289. 933. 16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 129,448. 110,031. 19,417. 19 Conferences, conventions, and meetings 14,003. 11,903. 2,100. 20 Interest 14,003. 11,903. 2,100. 21 Payments to affliates 6,825. 5,801. 1,024. 22 Depreciation, depletion, and amortization 14,003. 1,903. 2,100. 23 Insurance 327,167. 278,092. 49,075. 24 Other expenses. Itemize expenses on Schedule 0. 327,167. 278,092. 49,075. 25 Total functional Supplies 71,193. 71,193. 71,193. 35,752. 30,389. 5,363. 29,815.	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses 91. 77. 14. 14 Information technology 6,222. 5,289. 933. 15 Royatties		column (A), amount, list line 11g expenses on Sch 0.)	4,800.			
14 Information technology 6,222. 5,289. 933. 15 Royalties 129,448. 110,031. 19,417. 16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 0 0 0 20 Interest 14,003. 11,903. 2,100. 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization above, (List miscellanceus expenses on Schedule 0.) 14,003. 11,903. 2,100. 23 Insurance 6,825. 5,801. 1,024. 40 Other expenses on Schedule 0.) 327,167. 278,092. 49,075. b Instructional Supplies 71,193. 71,193. 0 c Alpistrict Buyback Servic 29,815. 25,343. 4,472. e Alpistrict Buyback Servic 50,501. 42,926. 7,575. <th>12</th> <th>Advertising and promotion</th> <th></th> <th></th> <th></th> <th></th>	12	Advertising and promotion				
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses 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 Insurance 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 23 Burtchased Services b Instructional Supplies c Repairs and Maintance c All other expenses. 25 Total functional expenses. Add lines 1 through 24e 26 Int costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation. Check here	13	Office expenses				
16 Occupancy 129,448. 110,031. 19,417. 17 Travel 129,448. 110,031. 19,417. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 110,031. 19,417. 19 Conferences, conventions, and meetings 110,031. 19,417. 20 Interest 110,031. 19,417. 21 Payments of affiliates 110,031. 19,417. 22 Depreciation, depletion, and amortization atom 14,003. 11,903. 2,100. 23 Insurance 14,003. 11,903. 2,100. 24 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on Schedule 0.) 327,167. 278,092. 49,075. 24 Distructional Supplies 71,193. 71,193. 11,93. 35,752. 30,389. 5,363. 29,815. 25,343. 4,472. 25 Total functional expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundriasi	14	Information technology	6,222.	5,289.	933.	
17 Travel	15	Royalties				
18 Payments of travel or entertainment expenses 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 Insurance 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.) a Purchased Services b Instructional Supplies c Repairs and Maintance d District Buyback Servic e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 if if following SCP 98-2 (ASC 988-720)	16	Occupancy	129,448.	110,031.	19,417.	
for any federal, state, or local public officials	17	Travel				
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
20 Interest						
21 Payments to affiliates	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 14,003. 11,903. 2,100. 23 Insurance 6,825. 5,801. 1,024. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 327,167. 278,092. 49,075. 3 Instructional Supplies 71,193. 71,193. c Repairs and Maintance 35,752. 30,389. 5,363. d District Buyback Servic 29,815. 25,343. 4,472. e All other expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 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 ir following SOP 98-2(ASC 958-720) 0.	20	·····				
23 Insurance 6,825. 5,801. 1,024. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a 237,167. 278,092. 49,075. a Purchased Services 327,167. 278,092. 49,075. b Instructional Supplies 71,193. 71,193. c Repairs and Maintance 35,752. 30,389. 5,363. d District Buyback Servic 29,815. 25,343. 4,472. e All other expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 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 if tollowing SOP 98-2 (ASC 958-720) 1 322,104. 1,120,558. 201,546. 0.	21		14 000	11 000	0 100	
24 Other expenses. Itemize expenses on to 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.) a Purchased Services b Instructional Supplies c Repairs and Maintance d District Buyback Servic e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 in if following SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>	2,100.	
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.)327,167. 278,092. 49,075.a Purchased Services327,167. 278,092. 49,075.b Instructional Supplies71,193. 71,193.c Repairs and Maintance35,752. 30,389. 5,363.d District Buyback Servic29,815. 25,343. 4,472.e All other expenses50,501. 42,926. 7,575.25 Total functional expenses. Add lines 1 through 24e1,322,104. 1,120,558. 201,546. 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 if totlowing SOP 98-2 (ASC 958-720)1			6,825.	5,801.	1,024.	
amount, list line 24e expenses on Schedule 0.)a Purchased Servicesb Instructional Suppliesc Repairs and Maintanced District Buyback Service All other expenses25 Total functional expenses. Add lines 1 through 24e26 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)	24	above. (List miscellaneous expenses on line 24e. If				
bInstructional Supplies71,193.cRepairs and Maintance35,752.30,389.dDistrict Buyback Servic29,815.25,343.eAll other expenses50,501.42,926.25Total functional expenses. Add lines 1 through 24e1,322,104.1,120,558.26Joint 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)1		amount, list line 24e expenses on Schedule 0.)				
cRepairs and Maintance District Buyback Servic e All other expenses35,752.30,389.5,363.25Total functional expenses. Add lines 1 through 24e29,815.25,343.4,472.26Joint 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)1,322,104.1,120,558.201,546.0.	а		327,167.		49,075.	
d District Buyback Servic 29,815. 25,343. 4,472. e All other expenses 50,501. 42,926. 7,575. 25 Total functional expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 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 if following SOP 98-2 (ASC 958-720) Image: Complete the service of the ser	b		71,193.			
e All other expenses 50,501. 42,926. 7,575. 25 Total functional expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 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 if following SOP 98-2 (ASC 958-720) Image: Content of the co	с					
25 Total functional expenses. Add lines 1 through 24e 1,322,104. 1,120,558. 201,546. 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 if following SOP 98-2 (ASC 958-720) 0.	d	District Buyback Servic				
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 hereif following SOP 98-2 (ASC 958-720)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,322,104.	1,120,558.	201,546.	0.
educational campaign and fundraising solicitation. Check here	26	, , ,				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		Check here if following SOP 98-2 (ASC 958-720)				Faura 990 (0000)

Form 990 (2022) Eastlake High School 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).

20-1486327 Page 10

Eastlake	High	School	
) contains a respo	onse or no	te to any line in this Part X	

		Check if Schedule O contains a response or no	te to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			465,083.	1	473,068.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3	175,529.	
	4	Accounts receivable, net			128,182.	4	6,627.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9					9	38,302.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	59,962. 38,861.			
	b	Less: accumulated depreciation	10b	38,861.	35,104.	10c	21,101.
	11					11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			280,122.	15	337,249.
	16	Total assets. Add lines 1 through 15 (must eq			908,491.	16	1,051,876.
	17	Accounts payable and accrued expenses	65,903.	17	37,682.		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		······		20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
ii ti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		F		22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			0 100 400
		of Schedule D			2,473,518.	25	2,189,486.
	26	Total liabilities. Add lines 17 through 25			2,539,421.	26	2,227,168.
s		Organizations that follow FASB ASC 958, ch	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			1 666 020		1 010 700
alar	27				<u>-1,666,930.</u> 36,000.	27	<u>-1,218,792.</u> 43,500.
ä	28			····· -	30,000.	28	43,300.
ň		Organizations that do not follow FASB ASC	958, che	eck here			
л Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
štА	31	Retained earnings, endowment, accumulated i		······	_1 630 030	31	
Ň	32	Total net assets or fund balances			-1,630,930.	32	-1,175,292.
	33	Total liabilities and net assets/fund balances			908,491.	33	1,051,876.

Form **990** (2022)

Part X Balance Sheet

Form	990	(2022)
	330	

Form	1990 (2022) Eastlake High School	20-	-148632	27	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5	729,	,251.
2	Total expenses (must equal Part IX, column (A), line 25)	2			104.
3	Revenue less expenses. Subtract line 2 from line 1	3			,147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,6	530,	,930.
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		48	,491.
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	L75,	292.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	. X
			_	Y	es No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 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?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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 the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	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?			Ba	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Bb	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public

	Ins	pection	
			-

Name	ame of the organization Employer identification number								
_	- 1		lake High S						0-1486327
Part	1	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only o	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	X	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5 🗌		An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7 [An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe							
9 🗌		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	_	university:							
10 _		An organization that norma							
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
	_	See section 509(a)(2). (Cor	•		_				
11	4	An organization organized a	-	•	•				
12 🗌		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •		-			-	
а		Type I. A supporting orga	-		• • • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
_		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ime persoi	ns that coi	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		J Type III functionally inte						ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	0	• •			•	an attentiv	eness
		requirement (see instructi	,	•					
е		Check this box if the orga functionally integrated, or					турет, туре	li, Type lii	
f	Ento	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
		ride the following information	•	d organization(s)					
		i) 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 other
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see ir	structions)	support (see instructions)
Total									

	A (Form 990) 2022
Part II	Support Sch

Π	Support Schedule for	Organizations Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
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(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) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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							
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	-					
	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
15	Public support percentage from 2021					15	%
1 6a	33 1/3% support test - 2022. If the					nore, check th	nis box and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			•			
b	10% -facts-and-circumstances test	0	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization				• • • •		
-	<u> </u>		, • -	. ,			

Schedule A (Form 990) 2022

	Schedule A	Form 990) 202
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(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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	irst second third "	fourth or fifth tax	vear as a section 50	01(c)(3) orga	nization
•••	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8. column (f). d	divided by line 13.	column (f))		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Invest						
17	7 Investment income percentage for 2022 (line 10c, column (f), divided by line 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						
r	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		u		,,			

Eastlake High School

1

Yes

No

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990) 202	2 East	lake	High	School
Part IV	Supporting	Organizations	(continu	ed)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

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

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D.	All Type	III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	---	-------------------------	-----------------	---------------------	---------------------

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

2a 2b 3a 3b No

Yes

	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
Section 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Eastlake High

School Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Sche Par	dule A (Form 990) 2022 Eastlake High t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (acation		0-1486327 F
	on D - Distributions			<u>iea)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot purposes		1	Ourrent real
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			- 1	
2	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	8	3	
4	Amounts paid to acquire exempt-use assets		5	4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
-	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-	
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022		(iii) Distributable Amount for 20
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: \$				
а	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 Part VI. 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				

Schedule A (Form 990) 2022

<u>Schedule</u> A	(Form 990) 2022	Eastlake	High	School		20-148632	7 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, 4 lines 2 and 3; Part	the explar 5a, 6, 9a, 9 IV, Sectior	nations required by 9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2b), 3a, and 3b; Part V, li	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Secti ne 1; Part V, Section B, line 1e; any additional information.	on C,

		Querelement	L Financial Otaton			I OMB	No. 1545-00	147
			al Financial Staten)
(Forr	n 990)		nization answered "Yes" on For , 11a, 11b, 11c, 11d, 11e, 11f, 12				<u>'UZZ</u>	,
	ment of the Treasury I Revenue Service	А	Attach to Form 990. 90 for instructions and the latest information.				pen to Pub spection	lic
	e of the organization			information.	Emp	oloyer identifi	•	mber
	-	Eastlake High Schoo				20-14	86327	
Pa		ations Maintaining Donor Advise		Funds or Ac	coun	its. Comple	te if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	((b) Fun	ds and other	accounts	
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in v	-				·	7
6		on's property, subject to the organization's on inform all grantees, donors, and donor a				Y	es	No
0	U U	poses and not for the benefit of the donor o	• •		•			
	impermissible priva			•	•	ΠY	es	No
Pa		ation Easements. Complete if the org						
1		servation easements held by the organization		, ,				
		of land for public use (for example, recrea	· · · · ·	vation of a histo	orically	important lan	d area	
	Protection o	f natural habitat	Preser	vation of a certi	fied his	storic structur	е	
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in t	he form of a co	nservat	tion easement	t on the las	it .
	day of the tax year	r.				Held at the En	d of the Tax	Year
а	Total number of co	onservation easements			2a			
b	•				2b			
С		vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a	• • •					
•		isted in the National Register			2d			
3		vation easements modified, transferred, rel	eased, extinguisned, or terminate	d by the organi	zation	during the tax	(
4	year	 where property subject to conservation eas	ement is located					
5		tion have a written policy regarding the per		dling of				
•	•	orcement of the conservation easements it		U U		ΠY	es	No
6		r hours devoted to monitoring, inspecting,					the year	
			_	-		-	-	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing c	onservation eas	sement	ts during the y	/ear	
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of sect	tion 170(h)(4)(B)	(i)			_
	and section 170(h)						es	No
9		be how the organization reports conservation		•				
		d include, if applicable, the text of the footn	ote to the organization's financia	I statements that	at desc	ribes the		
Pa	rt III Organization's acco	ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures	or Other S	imila	r Assets		
		f the organization answered "Yes" on Form			ai	/1000101		
1 a		elected, as permitted under FASB ASC 95		tement and bala	ance sh	neet works		
	•	easures, or other similar assets held for put	•					
		Part XIII the text of the footnote to its finar			·· P			
b	· •	elected, as permitted under FASB ASC 95			sheet	works of		
	-	sures, or other similar assets held for public						
	provide the followi	ng amounts relating to these items:						
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1				\$		
	.,					\$		
2	-	received or held works of art, historical trea		financial gain, p	orovide)		
	-	unts 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
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	1 09-01-22

\$

Sche		e High Sch							86327	
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Other	r Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make si	gnificant u	ise of its		
	collection items (check all that apply):									
а	X Public exhibition	c	ו 🔄 נ	_oan or exc	hange progra	am				
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be ma				llection?				Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi								-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
t	Ending balance									
	Did the organization include an amount on Fe						ity?	L	Yes	No
-	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						 			
Iu		(a) Current year		rior year	(c) Two year		(d) Three y	ears hack	(e) Four y	ears hack
10	Paginning of year balance	(a) Guirent year		nor year		13 DUCK				
ы	Beginning of year balance									
0	Contributions Net investment earnings, gains, and losses									
с d	Grants or scholarships									
u	Other expenditures for facilities									
e										
f	Administrative expenses									
g										
2	End of year balance Provide the estimated percentage of the curr		l e (line 1a	column (a)) held as:					
_ 	Board designated or quasi-endowment		%	, oolanni (a	<i>,,,</i> 11010 00.					
b	Permanent endowment	%								
c		<u> </u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	е			
	organization by:	Ū								res 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	red on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or c basis (investr		. ,	t or other (other)	• • •	ccumulate preciation	d	(d) Book	value
1a	Land									
	Buildings									
с	Leasehold improvements				0,203.		23,45			,751.
d	Equipment			1	9,759.		15,40)9.	4	,350.
	Other									
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X. colum</u>	<u>n (B). line 1</u>	0c.)				21	,101.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Eastlak	е підп	201001
Schedule D (Form 990) 2022 Eastlak	е підп	2011001

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Dort IV line	11a Saa Form 000 Dart V line 12	
(a) Description of investment			of your market yolyo
	(b) Book value	(c) Method of valuation: Cost or enc	-or-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.)			
IVIAI . (001. (1) IIIUSI EQUAI FUTITI 990, PALLA, CUI. (D) IIITE 13.)			
Part IX Other Assets.			
	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" or	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or	Description	11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) Deferred Outflows of Resources	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) Deferred Outflows of Resour (2) Deposits	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) Deferred Outflows of Resour (2) Deposits (3)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) Deferred Outflows of Resources (2) Deposits (3) (4)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) Deferred Outflows of Resourtion (a) [(2) Deposits (a) [(3) (4) [(5) (5)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) Deferred Outflows of Resources (1) Deferred Outflows of Resources (2) Deposits (3) (4) (5) (6)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) Deferred Outflows of Resource (2) Deposits (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) Deferred Outflows of Resourtion (a) [(2) Deposits (3) (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line 15.	327,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) Deferred Outflows of Resourtion (a) [] (2) Deposits (3) (4) (5) (6) (7) (8) (9) (9)	Description ITCES		327,249 10,000
Part IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) Deferred Outflows of Resourt (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description ITCES		327,249 10,000
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description .rces .15.)		327,249 10,000 337,249
Part IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) Deferred Outflows of Resourt (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or	Description .rces .15.)		327,249 10,000 337,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description .rces .15.)		327,249 10,000 337,249
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description .rces .15.)		327,249 10,000 337,249 (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) I (1) Deferred Outflows of Resourtion (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) Deferred Outflows of Resourd (2) Deposits (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities (3) Deferred Inflows of Resourd	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) Deferred Outflows of Resourtion (a) [] (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [] (1) Deferred Outflows of Resourd (2) Deposits (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities (3) Deferred Inflows of Resourd	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" of a complete if the organization answ	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) Deferred Outflows of Resour (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities (3) Deferred Inflows of Resour (4) (5)	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) Deferred Outflows of Resour (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities (3) Deferred Inflows of Resour (4) (5) (6) (6)	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249 (b) Book value 1,515,905
Part IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) Deferred Outflows of Resour (2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) Net Pension Liabilities (3) Deferred Inflows of Resour (4) (5) (6) (7)	Description ITCES 15.) on Form 990, Part IV, line		327,249 10,000 337,249

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

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

Sche	dule D (Form 990) 2022 Eastlake High School		20-1	1486327 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per		5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1,729,251.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,729,251.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,729,251.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,322,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
с	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,322,104.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,322,104.
Pa	t XIII Supplemental Information.			

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

SCH	EDU	ILE	Е
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(Form 990)

Schools

OMB No. 1545-0047

Open to Public

22

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

20

	Eastlake	High	School
Part I			

ipioyei	identification number
2	0-1486327

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	The School discloses its nondiscriminatory policy in its			
	registration materials.			
4	Does the organization maintain the following?			
а		4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
-				
5	Does the organization discriminate by race in any way with respect to:			x
a	0 1 0	5a		X
a	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
-				v
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering		Х	
	racial nondiscrimination? If "No," explain on Part II	17	x 1	1

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

Schedule E (Form 990) 2022

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

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		Emp

Eastlake High School



Employer identification number 20-1486327

Form 990, Part VI, Section B, line 11b:

A copy of Form 990 is provided to a representative of the board for

approval before the form is filed.

Form 990, Part VI, Section C, Line 19:

The governing documents and financial statements are available to the

public by request. Interested parties may use the contact information

listed on Part VI for Form 990 to request a review of these records.

Form 990, Part XII, Line 2C

The oversight process has not changed during the year.