Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change Eastlake High School Name change 20-1486327 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 719-471-0684 1810 Eastlake Blvd 1,358,510. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Colorado Springs, CO 80910 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Stanley Gbandawa for subordinates? Yes X No same as C above H(b) Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ http://www.eastlakehs.net/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2004 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: Educational services provided to **Activities & Governance** at risk students not thriving in a traditional high school setting. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 260,647. 271,757. Contributions and grants (Part VIII, line 1h) 8 1,388,366. 082,852. Program service revenue (Part VIII, line 2g) 219. 450. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 320. 3,451. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,649,552. 1,358,510. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,471,681. 831,128. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 772,853. 615,535. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,446,663. 2,244,534. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -594,982. -88,153. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 28 1,819,343. 908,491 20 Total assets (Part X, line 16) 3,362,120. 2,539,421. 21 Total liabilities (Part X, line 26) 三年 542,777. -1,630,93022 Net assets or fund balances. Subtract line 21 from line 20 Part 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. Signature of officer Date Sign Stanley Gbandawa, Board President Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Thomas G. Sistare 11/03/22 self-employed P00356968 Thomas G. Sistare Paid Firm's EIN > 30 - 0514455Firm's name ▶ Hoelting & Company, Inc. Preparer Firm's address 31 East Platte Avenue, Suite 300 Use Only Colorado Springs, CO 80903 Phone no. (719) 630-1091

May the IRS discuss this return with the preparer shown above? See instructions

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132002 12-09-21

Form	n 990 (2021) Eastlake High School	20-1486327	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Life Skills Center of Colorado Springs was established		s
	students with an individualized, self-paced, computer-b		
	tuition-free education complemented by a life skills an	d vocational	
	training component.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.	nors, the total expenses, a	ii d
4a	1 024 004	1 086	303.
та	Provided an educational facility and services to studen		<u> </u>
	dropped out of, or are at risk of dropping out of, their		
	high school, and provided those individuals with a high		
		SCHOOL	
	education, job training and other life skills.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	Y
	/ (Code):		
	•		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,234,904.		

Form 990 (2021) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		<u> </u>
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	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,	l	37	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		\
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			 ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	-
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		125
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		\vdash
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	٠ــ		
~	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) 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		<u> </u>
		24b		<u> </u>
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		<u> </u>
	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%			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,
	"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			3,7
	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			37
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	<u> 36</u>	77	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Corrodule C contains a response of flote to any line in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c		
	(gambling) winnings to prize winners?			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-1486327 Page **5**

b 3a b 4a	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 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	2b 3a	
3a b 4a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3a b 4a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
b 4a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	20	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	200	37
4a			X
		3b	
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		v
D	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
	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).		
50		5a	Х
	was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
		5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 55	
-	any contributions that were not tax deductible as charitable contributions?	6a	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х
		7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
	to file Form 8282?	7c	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f		7f	
g		7g	
h		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
_	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	0-	
a	Did the appropriate constitution makes a distribution to a dense advisory of visit and account.	9a 9b	
b 10	Section 501(c)(7) organizations. Enter:	90	
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)		
I2a	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		
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		
	Enter the amount of reserves on hand	44-	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
I4a	If "Voo " has it filed a Form 720 to report these payments? If "Voo " has it filed a Form 720 to report these payments?	14b	
l4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
l4a b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	x
l4a b	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
l4a b l5	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? If "Yes," see the instructions and file Form 4720, Schedule N.		
l4a b	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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Х
l4a b l5	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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		
14a b 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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		

Form 990 (2021) Eastlake High School 20-1486327 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	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	<u>L</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finan	cial	
	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			
	The Organization - 719-471-0684			
	1810 Eastlake Blvd Colorado Springs CO 80910			

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.										
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week	_	Ler an	lu a u	recto	i/trus	iee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	m pe n		1099-NEC)	1000 NEO)	and related
	below	dualt	ution	<u></u>	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Nicole Simmons-Rochon	2.00									
Sectretary		Х		Х				0.	0.	0.
(2) Janet Avion	2.00									
Treasurer		Х		Х				0.	0.	0.
(3) Stanley Gbandawa	2.00									
Board President		Х		Х				0.	0.	0.
(4) Florian Dscastro	2.00							_		_
Vice President		Х		Х				0.	0.	0.
						\vdash				

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Eastlake High School

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(-1-		Pos				Reportable	Reportable	ا د	Es	stimate	ed
		hours per					than o		compensation	compensation		ar	nount	of
		week	offi	cer ar	d a d	irecto	r/trus	tee)	from	from related	d l		other	
		(list any	ector						the	organization	าร	com	pensa	tion
		hours for	r dire	, n			ted		organization	(W-2/1099-MI	SC/	fı	rom th	е
		related	steec	ruste			ensa		(W-2/1099-MISC/	1099-NEC))	_ ~	janizat	
		organizations	altru	onal t		loyee	com g		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		iii ie)	ᆵ	si .	JJ0	Ke	를 를	요						
1b	Subtotal							ightharpoons	0.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but new	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa ¹	tion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)				C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe	nsatio	n
								\dashv						
2	Total number of independent contractors (in		ot lin	nited	to t	_		ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	zation -				(j							

Eastlake High School Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 269,317. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,440. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 271,757. h Total. Add lines 1a-1f **Business Code** 799,143. 2 a Per Pupil Revenue 611110 799,143. Program Service b Mill Levy 611110 283,709. 283,709. Revenue С f All other program service revenue 1,082,852. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 450. 450. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) \triangleright (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a Miscellaneous Revenue 3,451. 3,451. 611110 b d All other revenue

3,451.

358,510.1,086,303.

450

0.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 719,598. Other salaries and wages 611,658. 107,940. 7 Pension plan accruals and contributions (include 72,588. 61,700. 10,888. section 401(k) and 403(b) employer contributions) <u>31,</u>942. 4,791. 27,151. Other employee benefits 9 7,000. 5,950. 1,050. 10 Payroll taxes 11 Fees for services (nonemployees): Management 3,095. 3,095. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,800. 4,800. column (A), amount, list line 11g expenses on Sch O.) 22,359. 19,005. 3,354. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 30,786. 26,168. 4,618. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,500. 110,003. 93,503. Depreciation, depletion, and amortization 22 18,792. 15,973. 2,819. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 273,847. 232,770. 41,077. Purchased Services 79,673. Instructional Supplies 79,673. 26,692. 22,688. 4,004. c Repairs and Maintance 15,116. 2,667. 17,783. d Other Expenses 27,705. 4,156.23,549. e All other expenses 1,446,663. 1,234,904. 211,759. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or ne	ote to an	y line in this Part X		<u></u> T	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			609,887.	1	465,083.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net		31,284.	4	128,182.	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
	controlled entity or family member of any of th		5			
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
<u>y</u> 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
9 ¥	Prepaid expenses and deferred charges			13,243.	9	0.
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		59,962.			
b	Less: accumulated depreciation	. 10b	24,858.	49,107.	10c	35,104.
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11	1,115,822.	15	280,122.		
16	Total assets. Add lines 1 through 15 (must ed			1,819,343.	16	908,491.
17	Accounts payable and accrued expenses			18,416.	17	65,903.
18	Grants payable		18			
19	Deferred revenue	1		19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
မ္မ 22	Loans and other payables to any current or for					
Liabilities	trustee, key employee, creator or founder, sub					
jab	controlled entity or family member of any of th				22	
23	Secured mortgages and notes payable to unre				23	
24	Unsecured notes and loans payable to unrelat				24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	es 1 <i>1-</i> 24)	. Complete Part X	3,343,704.	0=	2 472 510
00	of Schedule D			3,362,120.		2,473,518. 2,539,421.
26	Total liabilities. Add lines 17 through 25			3,302,120.	26	2,339,421.
တ္တ	Organizations that follow FASB ASC 958, ch	ieck ner				
ğ	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			-1,587,777.	27	-1,666,930.
27 28 28	Net assets with donor restrictions			45,000.	28	36,000.
<u> </u>	Organizations that do not follow FASB ASC			43,000.	20	30,000.
ᇤᅵ	and complete lines 29 through 33.	900, CHE	ck liefe			
ნ 29	Capital stock or trust principal, or current fund	c			29	
8 30 Si 29	Paid-in or capital surplus, or land, building, or				30	
88 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 22 8 29 30 1 32	Total net assets or fund balances			-1,542,777.	32	-1,630,930.
						908,491.
33	Total liabilities and net assets/fund balances			1,819,343.	33	

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		, 35			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 44			
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{-8}{,54}$		<u>53.</u>	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-1	,63	0,9	30.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t				
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization Eastlake High School 20-1486327 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	The portion of total contributions						
Ŭ	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,						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2011	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) Total
	Gross income from interest.						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (aaa inatuustis				12	
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-
13	organization, check this box and stop	· ·		·	•	. , . ,	ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (fl)		14	%
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o		•				
-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances tes				raanization	-	\sim
h	10% -facts-and-circumstances test	-	•	* ''	-	 17a. and line 15 is 1	
-	more, and if the organization meets th	_					. = , v · v .
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			•			
		:=::::::::::::::::::::::::::::::::::::		,,,	,		

Schedule A (Form 990) 2021 Eastlake High School Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(: Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) etion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						.
	ction C. Computation of Public					Т	
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2021. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ L
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	1.,	
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
56		
5b 5c		
6		
7		
8		
8		
9a		
9b		
3.2		
9c		
10a		
10b		
ule A (For	m 990)	2021

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c bel	ow, the governing body of a supported organization?	11a		
b	A family	y 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			
		Part VI.	11c		
Sect		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			
		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		organization operate for the benefit of any supported organization other than the supported			
		ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		sed, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trust	ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sect	ion 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			
	organiz	ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were ar	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the orga	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	on of the relationship described on line 2, above, did the organization's supported organizations have a			
	significa	ant 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			
	support	ted organizations played in this regard.	3		
Sect	ion E.	Type III Functionally Integrated Supporting Organizations			
1	Check t	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	Шт	he organization satisfied the Activities Test. Complete line 2 below.			
b	Шт	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activitie	es Test. Answer lines 2a and 2b below.		Yes	No
а	Did sub	stantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	se activities constituted substantially all of its activities.	2a		
		activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI	the reasons for the organization's position that its supported organization(s) would have engaged in			
		ctivities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	apported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		l

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

5

6

Schedule A (Form 990) 2021

5

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ıed) </u>		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	(iii) Ins Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
<u>b</u>	From 2017					
<u> </u>	From 2018					
<u>d</u>	From 2019					
e	From 2020					
f_	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2021 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
<u>e</u>	Excess from 2021					

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Eastlake High School

Employer identification number 20-1486327

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o	· ·	•
	·		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recrea	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva-	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	irtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	5	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900, Part V		r c

(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements		40,203.	13,401.	26,802.
	Equipment		19,759.	11,457.	8,302.
е	Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					35,104.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	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.	l .		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Deferred Outflows of Resor	urces		272,122.
(2) Deposits			8,000.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			200 122
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	280,122.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of linkility	0111 01111 000, 1 art 14, 11110	The drift. deer drift 350, Tare X, line 25.	(b) Book value
·*			(b) Book value
(1) Federal income taxes (2) Net Pension & OPEB Liabil:	ities		1,504,725.
			968,793.
	rces		700,775.
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
	25)		2,473,518.
 Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide 			
organization's liability for uncertain tax positions under		_	· —

Schedule D (Form 990) 2021

SCHEDULE E

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Eastlake High School

 $Employer\ identification\ number\\20-1486327$

			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 taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		Х	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II The School discloses its nondiscriminatory policy in its	3	Λ	
	registration materials.			
	rogisciación maccitais.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		<u> </u>
c	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
g	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.			
				37
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		<u>X</u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Λ_
_	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	-	Х	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Λ	

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

Schedule E (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** Eastlake High School 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.