Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

LAPORTE CPAS & BUSINESS ADVISORS 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958

MAY 10, 2024

PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO 3650 UNIVERSITY BLVD DALLAS, TX 75205

PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

JACK WILES, CPA
DIRECTOR, TAX SERVICES

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

Prepared for	PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO 3650 UNIVERSITY BLVD DALLAS, TX 75205
Prepared by	LAPORTE, APAC 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

			•			
For calendar year 2022, or fiscal year beginning	${\sf JUL}$	1	, 2022, and ending	JUN	30	, 20 2 3

2022

Form **8879-TE** (2022)

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service PIONEER TECHNOLOGY & ARTS ACADEMY EIN or SSN Name of filer **COLORADO** **-***8724 SHUBHAM PANDEY Name and title of officer or person subject to tax SUPERINTENDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 4,138,655. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize LAPORTE, APAC $\overline{124}39$ to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 72654570005 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. PIONEER TECHNOLOGY & ARTS ACADEMY print **-***8724 COLORADO File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3650 UNIVERSITY BLVD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 75205 DALLAS, TX Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 GENE ZHU • The books are in the care of ▶ 3650 UNIVERSITY BLVD - DALLAS, TX 75205 Telephone No. ► 469-405-8967 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and ending	JUN 30, 2023	
B c	heck if	C Name of organization PIONEER TECHNOLOGY & ARTS ACADEMY	D Employer identifi	cation number
	Addres change	COLORADO		
	Name change	Doing business as	**-***87	24
]Initial return ∏Fiṇal	Number and street (or P.O. box if mail is not delivered to street address) Room/su 3650 UNIVERSITY BLVD	ite E Telephone numbe	
	⊐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,138,655.
	Amend return	DALLAS, TX 75205	H(a) Is this a group re	eturn
	Applica tion pendin	Finame and address of principal officer: STIODITAM TANDET	for subordinates	s? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No
1 T	ax-exe		If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemption	
		·	ear of formation: 2021	M State of legal domicile: TX
Pa		Summary	TON OF DIONER	TD.
ce	1	Briefly describe the organization's mission or most significant activities: THE MISS (PECHNOLOGY AND ART ACADEMY COLORADO (PTAAC)	TOW OF PIONEE	ON CCH O/
nan	-		•	
Governance		Check this box	ء ا	ssets.
		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)		3
S		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)		54
itie		Total number of volunteers (estimate if necessary)		0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
		, ,	Prior Year	Current Year
e)	8 (Contributions and grants (Part VIII, line 1h)	2,267,562.	4,124,827.
'nu		Program service revenue (Part VIII, line 2g)	0.	13,828.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,267,562.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,635,034.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
≅xp		Total fundraising expenses (Part IX, column (D), line 25)	1 040 124	1 002 651
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,048,134. 2,683,168.	1,803,651.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-415,606.	3,751,654. 387,001.
SS	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 -	Fotal assets (Part X, line 16)	1,234,683.	1,435,010.
Asse Bal			3,571,465.	3,384,791.
Net und		rotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-2,336,782.	-1,949,781.
		Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
Sigr		Signature of officer	Date	
Her	e [SHUBHAM PANDEY, SUPERINTENDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Paid -		JOHN S. WILES, CPA	self-employ	
		Firm's name LAPORTE, APAC	Firm's EIN *	*-***8864
Use	Only	Firm's address 111 VETERANS MEMORIAL BLVD., #600		4 025 5500
		METAIRIE, LA 70005-4958	Phone no. 50	4-835-5522
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Part III Statement of Pr	rogram Service Accomplishments	
Check if Schedule O	contains a response or note to any line in this Part III	X
1 Briefly describe the organiz	zation's mission: F PIONEER TECHNOLOGY AND ART ACADEMY COLORADO (PTAAC) IS	
	D ENGAGE STUDENTS, ESPECIALLY UNDERSERVED AND	
	TED POPULATIONS, TO REACH THEIR FULL POTENTIAL AS GLOBAL	
	NHANCE THEIR COMMUNITIES AND THE WORLD (CONT'D ON SCH O)	
2 Did the organization under prior Form 990 or 990-EZ?	take any significant program services during the year which were not listed on the	No
•	wy services on Schedule O.	_ I40
	conducting, or make significant changes in how it conducts, any program services? Yes X	No
If "Yes," describe these ch	7, 71 0	_ 140
	s program service accomplishments for each of its three largest program services, as measured by expenses.	
	c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
revenue, if any, for each pr		
4a (Code:) (Expenses	\$ 2,932,873. including grants of \$) (Revenue \$ 13,82	8.)
TO EMPOWER AN	D ENGAGE STUDENTS, ESPECIALLY UNDERSERVED AND	
	TED POPULATIONS, TO REACH THEIR FULL POTENTIAL AS GLOBAL	
	NHANCE THEIR COMMUNITIES AND THE WORLD THROUGH AN	
	STEAM CURRICULUM THAT EMPHASIZES CREATIVITY,	
	, AND INNOVATION. PTAAC GRADUATES ATTAIN THE SKILLS AND	
	EARN ADVANCED DEGREES, SECURE FULFULLING POSITIONS IN	
	NOLOGY, ENGINEERING, ARTS, AND MATH (STEAM) PROFESSIONS,	
	TERNATIONAL LEADERS. PTAAC'S PROGRAMMING ALLOWS CHILDREN	
	IR CRITICAL THINKING AND PROBLEM-SOLVING SKILLS,	
	D INNOVATION, AND COMMUNICATION AND COLLABORATION SKILLS	,
	ESSARY TO SOLVE COMPLEX ENGINEERING, SCIENCE, AND MATH	
PROBLEMS. "WE	PREPARE STUDENTS FOR JOBS AND (CONT'D ON SCH O)	
4b (Code:) (Expenses	\$ including grants of \$) (Revenue \$)
		
4c (Code:) (Expenses	\$ including grants of \$) (Revenue \$)
,,(,,(, , , , , , , , , , , , , , , , , , , ,	— ′
<u> </u>		
<u> </u>		
4d Other program services (De	escribe on Schedule O.)	
(Expenses \$	including grants of \$) (Revenue \$)	
4e Total program service expe	enses 2,932,873.	(2022)

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	<u> </u>	
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			ا ۔۔
	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			٦,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/4	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			17
	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,"			_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	~		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ <u> </u>

Page 4

PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO

Form 990 (2022)

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		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			37
	Schedule K. If "No," go to line 25a	24a		X
	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	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
9	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-1	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	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?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is desiredule of contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	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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Form **990** (2022)

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Part 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 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>X</u> _
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?	5с		
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?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	7-		X
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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C		7c		х
d	-	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	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			
	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 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 la			
	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 3			
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		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		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				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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		X
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	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process 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 filedNONE			
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) availa	able
	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, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GENE ZHU - 469-405-8967			
	3650 UNIVERSITY BLVD, DALLAS, TX 75205			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

Check this box if neither the organization n	(B)	J. 90			C)	اعطر	,Jul	(D)	(E)	(F)
Name and title				Pos	رر itior	1		Reportable	(E) Reportable	(r) Estimated
Name and title	Average hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHUBHAM PANDEY	line) 25.00	Ĕ	Ĕ	₽	- S	宝岩	요			
EXECUTIVE DIRECTOR	23.00	X		x				121,390.	0.	0.
(2) VICTORIA WHITE	5.00			<u> </u>				121,350.	0.	0.
BOARD DIRECTOR	J.00	Х						0.	0.	0.
(3) MASOURAH TEHRANI	5.00							•	•	0.
BOARD DIRECTOR	3.00	x						0.	0.	0.
(4) JB TURNER	5.00	 								
BOARD DIRECTOR		х						0.	0.	0.
								-		
		1								
		-								
	-									
	+									
		1								
		1								
		1								
		1								

Form	990 (2022) COLORADO									**_**	<u>*87</u> :	24	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offi	, unle	Posi check ess per nd a di	itior more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estima amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	:/	from from organiz and re organiz	the zation lated
											$\frac{1}{1}$		
											$\frac{+}{-}$		
											\perp		
											\perp		
											_		
	Subtotal Total from continuation sheets to Part VI								121,390.	(0.		0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no appropriate from the arganization								121,390. received more than \$100		0.		0.
3	compensation from the organization Did the organization list any former officer,	director, trust	ee, I	кеу	empl	loye	e, o	r hiç	ghest compensated emp	ployee on		Ye	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	<i>uch individual</i> um of reportab	 le co	p	ensa	atior	n and	d ot	ther compensation from			3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv			5	X
Sec	tion B. Independent Contractors											•	
1	Complete this table for your five highest co								n the organization's tax		ensati ——		1
	(A) Name and business	address	N	ON	E				(B) Description of s	ervices	Con	(C) npensa	tion
								_					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	ed to		se li:	sted	l d above) who received n	nore than		00	2 (1 -
											Fς	rm 44 6) (2022)

Ра	rt V	Ш							
			Check if Schedule O contains a res	ponse	or note to any li		(B)	(C)	[
						(A) Total revenue	Related or exempt		Revenuè excluded
						Total Toveride		business revenue	
<u> </u>				_					sections 512 - 514
ants			Federated campaigns1a			_			
Gr			Membership dues1b	+		_			
fts,			Fundraising events1	+		_			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations10		104 007	_			
ins,			Government grants (contributions)	4,	124,827.	-			
utic		f	All other contributions, gifts, grants, and						
orib Oth			similar amounts not included above 1f	+		-			
on		_	-	 \$		1 121 027			
a C		h	Total. Add lines 1a-1f			4,124,827.			
	_		UNIFORMS & FIELD TR	гъ	Business Code 611110	13,828.	13,828.		
/ice	2		UNIFORMS & FIELD IK.	<u> </u>	011110	13,020.	13,020.		
ser. Iue		b							
m S		C							
gra Re		d							
Program Service Revenue		e •	All other program service revenue						
			Total. Add lines 2a-2f			13,828.			
	3	9	Investment income (including dividends			23,0200			
	Ū		other similar amounts)	,	,				
	4		Income from investment of tax-exempt						
	5		Royalties						
			(i) Re		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Secu	ırities	(ii) Other				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
nu.			and sales expenses			_			
Revenue			Gain or (loss) 7c						
er R			Net gain or (loss)		 I				
Othe	8	а	Gross income from fundraising events (not						
0			including \$ of contributions reported on line 1c). See						
			Part IV, line 18	8a					
		h	Less: direct expenses			-			
			Net income or (loss) from fundraising ev						
			Gross income from gaming activities. S						
	-		Part IV, line 19	1					
		b	Less: direct expenses						
			Net income or (loss) from gaming activity						
	10	а	Gross sales of inventory, less returns						
			and allowances	. 10a					
			Less: cost of goods sold						
		С	Net income or (loss) from sales of inven	tory					
sn					Business Code				
Miscellaneous Revenue	11								
llar		b							
Sce		C	All adds as years						
Ξ			All other revenue						
	12	е	Total Add lines 11a-11d			4,138,655.	13,828.	0.	0.
	12		Total revenue. See instructions			1-,-50,055.	13,020		

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 121,390. 121,390. 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) 1,443,248. 1,210,029. 233,219. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 276,842. 106,523. 383,365. Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): a Management 400. 400. Legal 36,818. 36,818. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 419,233 115,966. 303,267. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 71,840. 71,840. 16 Occupancy 28,766. 18,127. 10,639. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 116,855. 116,855. Depreciation, depletion, and amortization 22 22,881. 22,881. 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.) DISTRICT 49 FEES 543,114. 543,114. SUPPLIES 429,274. 423,699. 5,575. **EQUIPMENT** 104,497. 104,497. d REPAIRS AND MAINTENANCE 21,835. 21,922. -87.2,441. 5,697. 8,138. e All other expenses 3,751,654. 2,932,873. 818,781. 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.

Form **990** (2022)

Check here

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

Part X Balance Sheet

Part 2	^_	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			127,340.	1	350,199
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net	231,266.	3	56,978		
4	4	Accounts receivable, net			4		
!	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
(6	Loans and other receivables from other disqu	ıalified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sed	ction 4958(c)(3)(B)		6	
္ ႏ	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
؛ ۲	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		689,169.			
	b	Less: accumulated depreciation	10b	197,885.	602,568.	10c	491,284
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lir	ie 11			12	
1:	3	Investments - program-related. See Part IV, li	ne 11			13	
14	4	Intangible assets			14		
14	5	Other assets. See Part IV, line 11			273,509.	15	536,54
10	6	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	1,234,683.	16	1,435,01
17	7	Accounts payable and accrued expenses		184,020.	17	225,06	
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
2	2	Loans and other payables to any current or f	ormer offi	cer, director,			
		trustee, key employee, creator or founder, su	bstantial (contributor, or 35%			
22		controlled entity or family member of any of t	hese pers	ons		22	
2:	3	Secured mortgages and notes payable to un		F	1,306,313.	23	976,31
24	4	Unsecured notes and loans payable to unrela	ated third	parties		24	
2	5	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	0 001 100		0 400 44
		of Schedule D			2,081,132.		2,183,414
20	6	Total liabilities. Add lines 17 through 25			3,571,465.	26	3,384,79
,		Organizations that follow FASB ASC 958, or	heck her	e X			
<u> </u>		and complete lines 27, 28, 32, and 33.			2 020 250		2 441 061
2					-2,939,350.	27	-2,441,065 491,284
28	8	Net assets with donor restrictions			602,568.	28	491,284
5		Organizations that do not follow FASB AS6	C 958, ch	eck here			
-		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fun				29	
3 3		Paid-in or capital surplus, or land, building, or				30	
25 25 25 36 37 37 37 37 37		Retained earnings, endowment, accumulated			2 226 700	31	1 040 70
		Total net assets or fund balances			-2,336,782.	32	-1,949,781
33	3	Total liabilities and net assets/fund balances			1,234,683.	33	1,435,010

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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	4,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,75		
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,33	<u>6,7</u>	<u>82.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-1,94	9,7	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

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.

Open to Public

OMB No. 1545-0047

Name of the organization PIONEER TECHNOLOGY & ARTS ACADEMY

Employer identification number

-*8724 COLORADO 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

<u>-*</u>**<u>8724</u> Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				2,267,562.	4,124,827.	6,392,389.
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				2,267,562.	4,124,827.	6,392,389.
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.						6,392,389.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				2,267,562.	4,124,827.	6,392,389.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,392,389.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	13,828.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop						X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	-	•	VI how the organiza	ation
	meets the facts-and-circumstances to	•			•		
b	10% -facts-and-circumstances tes						IU% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	na see instructions	<u> </u>

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	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						
Ŭ	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						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	- Ou		
	3b		
	3с		
	30		
	4a		
	46		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990)	2022

Pai	t IV Supporting Organizations (continued)			J
	C C (CONTINUOU)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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? If "No," describe in Part VI 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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

* * - * * * 8724 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anızatıons _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsive	е		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	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.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
<u>b</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number Name of the organization PIONEER TECHNOLOGY & ARTS ACADEMY **-***8724 COLORADO

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization
PIONEER TECHNOLOGY & ARTS ACADEMY
COLORADO

Employer identification number

-*8724

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COLORADO DEPARTMENT OF EDUCATION 201 E COLFAX AVE DENVER, CO 80831	\$ 3,781,567.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF EDUCATION, OESE 400 MARYLAND AVE SW WASHINGTON, DC 20202	\$ 343,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PIONEER TECHNOLOGY & ARTS ACADEMY
COLORADO

Employer identification number

-*8724

Part II	Noncash Property (see instructions). Use duplicate copies of P		ı
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of organization
PIONEER TECHNOLOGY & ARTS ACADEMY
COLORADO

Employer identification number

-8724

	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or le space is needed.	sss for the year. (Enter this info. once.) \$
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	-	(e) Transfer of gift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
		(2) 1. 3.1.0.0. 31 9110	

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

PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO

Employer identification number **-***8724

Schedule D (Form 990) 2022

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the			
	organization answered Tes Officialities, in	(a) Donor advis	ed 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		eld in donor advise	d 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 or donor advisor, or for any other purpose conferring						
	impermissible private benefit?			Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>				
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area			
	Protection of natural habitat		$oldsymbol{ol{ol}oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}$	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	bution in the form o				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c			
d	Number of conservation easements included in (c) acquired	•					
	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax			
	year						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		ction, handling of				
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonvati	on agraments during the year			
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	moreing conservati	on easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footi	note to the organization	's financial stateme	nts that describes the			
	organization's accounting for conservation easements.						
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pul	·	•	•			
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95	· ·					
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,			
	rovide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
2	f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			\$			

232051 09-01-22

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

		TECHNOLOGY &	ARTS ACADEMY		
Sche	edule D (Form 990) 2022 COLORADO				***8724 Page 2
Par	rt III Organizations Maintaining Co	ollections of Art, His	torical Treasures,	or Other Similar A	ssets(continued)
3	Using the organization's acquisition, accessio	n, and other records, chec	k any of the following that	at make significant use o	of its
	collection items (check all that apply):				
а	Public exhibition	d <u> </u>	Loan or exchange progr	am	
b	Scholarly research	е 🗀	Other		
С	Preservation for future generations				
4	Provide a description of the organization's col	lections and explain how t	hey further the organizat	ion's exempt purpose in	ı Part XIII.
5	During the year, did the organization solicit or	receive donations of art, h	istorical treasures, or oth	ner similar assets	
	to be sold to raise funds rather than to be mai	ntained as part of the orga	anization's collection?		Yes No
Par	rt IV Escrow and Custodial Arrang	ements. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 9, or
	reported an amount on Form 990, Part	X, line 21.			
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or other as	ssets not included	
	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII a				
					Amount
С	Beginning balance			1c	
	Additions during the year				
	Distributions during the year				
	Ending balance				
	Did the organization include an amount on Fo				Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanati	on has been provided or	n Part XIII	
Par	rt V Endowment Funds. Complete if	the organization answered	l "Yes" on Form 990, Par	t IV, line 10.	
		(a) Current year (b) F	Prior year (c) Two yea	rs back (d) Three years t	oack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curre	ent year end balance (line 1	1g, column (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Term endowment%				
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.			
За	Are there endowment funds not in the posses	sion of the organization th	at are held and administe	ered for the	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required on S	Schedule R?		3b
4	Describe in Part XIII the intended uses of the	organization's endowment	funds.		
Par	rt VI Land, Buildings, and Equipme				
	Complete if the organization answered	"Yes" on Form 990, Part I	V, line 11a. See Form 99	0, Part X, line 10.	1
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
		basis (investment)	basis (other)	depreciation	
1a	Land				
	Buildings				
_	Lagachald improvements	1	23 186	3 091	20 095

Schedule D (Form 990) 2022

20,095.

471,189.

491,284.

3,091. 194,794.

e Other

c Leasehold improvements

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

d Equipment

23,186. 665,983.

Schedule D (Form 990) 2022 COLORADO		*:	*-***8724 Page 3
Part VII Investments - Other Securities.			
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 en	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(f) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(h) De el cuelce
DEFENDED DENIGION / OFFICE	Description POST EMPLOYME	NM DENEETM	(b) Book value 536,549.
(-7	POSI EMPLOIME	ENI DENEETI	330,343.
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		536,549.
Part X Other Liabilities.	,		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NET PENSION / OTHER POST			
(3) EMPLOYMENT BENEFIT LIABIL	ITY		1,826,659.
(4) DEFERRED PENSION / OTHER	POST		
(5) EMPLOYMENT BENEFIT			356,755.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		2,183,414.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

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

Pai	† XI Reconciliation of Revenue per Audited Financial St		iue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,		1.1	/ 120 CEE
1	Total revenue, gains, and other support per audited financial statements		1	4,138,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		- 20	0.
е 3	Add lines 2a through 2d Subtract line 2a from line 1			4,138,655.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,130,033.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	·	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			4,138,655.
	t XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV,	-	•	
1	Total expenses and losses per audited financial statements		1	3,751,654.
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			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,751,654.
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	3,751,654.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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.		

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

PIONEER TECHNOLOGY & ARTS ACADEMY

OMB No. 1545-0047 Open to Public

Employer identification number **-***8724

Inspection

COLORADO

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMPOWER AND ENGAGE STUDENTS, ESPECIALLY UNDERSERVED AND

UNDERREPRESENTED POPULATIONS, TO REACH THEIR FULL POTENTIAL AS GLOBAL LEADERS WHO ENHANCE THEIR COMMUNITIES AND THE WORLD THROUGH AN INQUIRY-BASED STEAM CURRICULUM THAT EMPHASIZES CREATIVITY, COLLABORATION, AND INNOVATION. PTAAC GRADUATES ATTAIN THE SKILLS AND KNOWLEDGE TO EARN ADVANCED DEGREES, SECURE FULFILLING POSITIONS IN TECHNOLOGY, ENGINEERING, ARTS, AND MATH (STEAM) PROFESSIONS, SCIENCE, AND BECOME INTERNATIONAL LEADERS. PTAAC'S PROGRAMMING ALLOWS CHILDREN TO EXPAND THEIR CRITICAL THINKING AND PROBLEM-SOLVING SKILLS, CREATIVITY AND INNOVATION, AND COMMUNICATION AND COLLABORATION SKILLS, WHICH ARE NECESSARY TO SOLVE COMPLEX ENGINEERING, SCIENCE, AND MATH "WE PREPARE STUDENTS FOR JOBS AND TECHNOLOGIES THAT DON'T YET PROBLEMS.

IN ORDER TO SOLVE PROBLEMS THAT WE DON'T EVEN KNOW ARE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH AN INQUIRY-BASED STEAM CURRICULUM THAT EMPHASIZES CREATIVITY, COLLABORATION, AND INNOVATION. PTAAC GRADUATES ATTAIN THE SKILLS AND KNOWLEDGE TO EARN ADVANCED DEGREES, SECURE FULFILLING POSITIONS IN TECHNOLOGY, ENGINEERING, ARTS, AND MATH (STEAM) PROFESSIONS, SCIENCE, AND BECOME INTERNATIONAL LEADERS. PTAAC'S PROGRAMMING ALLOWS CHILDREN TO EXPAND THEIR CRITICAL THINKING AND PROBLEM-SOLVING SKILLS, CREATIVITY AND INNOVATION, AND COMMUNICATION AND COLLABORATION SKILLS, WHICH ARE NECESSARY TO SOLVE COMPLEX ENGINEERING, SCIENCE, AND MATH "WE PREPARE STUDENTS FOR JOBS AND TECHNOLOGIES THAT DON'T YET PROBLEMS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

EXIST...

PROBLEMS YET."

Name of the organization PIONEER TECHNOLOGY & ARTS ACADEMY COLORADO

Employer identification number **-**8724

EXIST... IN ORDER TO SOLVE PROBLEMS THAT WE DON'T EVEN KNOW ARE

PROBLEMS YET."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TECHNOLOGIES THAT DON'T YET EXIST... IN ORDER TO SOLVE PROBLEMS THAT WE DON'T EVEN KNOW ARE PROBLEMS YET."

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

THE FORM 990 IS REVIEWED INDEPENDENTLY BY MEMBERS OF THE GOVERNING BOARD.

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

ENFORCEMENT OF CONFLICTS POLICY DIRECTORS, PRINCIPAL OFFICERS, AND MEMBERS

OF COMMITTEES OF THE GOVERING BOARD ARE REQUIRED TO SIGN AN ANNUAL

STATEMENT AFFIRMING THEIR UNDERSTANDING OF THE POLICY. PERIODIC REVIEWS ARE

TO BE UNDERTAKEN TO ENSURE COMPLIANCE WITH POLICY.

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

GOVERNING DOCUMENTS MAY BE REQUESTED IN WRITING AT THE ADDRESS SHOWN ON

PAGE 1 OF FORM 990.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 843.

MANAGEMENT AND GENERAL EXPENSES 302,091.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 302,934.

OTHER PURCHASED SERVICES:

232212 10-28-22 Schedule O (Form 990) 2022