# PUBLIC DISCLOSURE COPY

# **Return of Organization Exempt From Income Tax**

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Briefly describe the organization's mission or most significant activities:DSST_PUBLIC_SCHOOLS_TRANSFORMS_URBAN	A F	or th	e 2021	calendar year, or tax year beginning $07/01/2021$ and ending				06/	30/2022
DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.   B4-1602733	_			C Name of organization		Employer i	ident	ificati	ion number
Doing business as   Doing business as   Doing business as   Section   District   Dist	<b>B</b> c	heck if a	applicable:	DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.					
Number of independent volunteers (cy P.D. box if mail is not delivered to street address)   Room/soutree   E Telephone number (303) 524 - 6324						84-16	02	733	
3401_QUEBEC_STREET_STE_2000   (303) 524 - 6324		_	_		E				
City or fown, state or growines, country, and ZIP or foreign podal code		+		3/01 OTTEBEC SUBFET SUF 2000		(303)	52	1 – 6	321
DENVER, CO 80207		-		2		(303)	JZ	4 - 0	1324
Total number of independent voting members of the governing body (Part VI, line 1a)   Strong of the control of Total number of voting templers (Part VIII, Inc 1b)   Strong of the control of Total number of voting templers (Part VIII, Inc 1b)   Strong of the control of Total number of voting templers (Part VIII, Inc 1b)   Strong of the control of Total number of voting templers (Part VIII, Inc 1b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of voting templers (Part VIII, Inc 2b)   Strong of the control of Total number of Individuals employed in calendary years (Strong of Total and Strong of Total					١,	Gross ross	into (	r	105 042 660
Tax-county feature:   X   Str(e)(3)   Solve(1)   X   (insert no.)   4947(a)(1) or   527   (invo.* statch site.)   X   Str(e)(3)   Solve(1)   X   (insert no.)   4947(a)(1) or   527   (invo.* statch site.)   X   Str(e)(3)   Solve(1)   X   (insert no.)   4947(a)(1) or   527   (invo.* statch site.)   X   X   (invo.* statch site.)   X   X   X   X   X   X   X   X   X									
Tax-exempt statuse   X   5016/(3)   \$016/(1)   4   (insert no.)   \$4947(a)(1) or   \$27     \$170.00   \$181.50 entertuculous   \$19   \$190.00   \$190.00   \$190.0				Dill Kokil		subordina	ates?		
Website:    WWW.DSSTPUBLICSCHOOLS.ORG	_	_				` '			
Name   Control									
Briefly describe the organization's mission or most significant activities:   DSST_PUBLIC_SCHOOLS_TRANSFORMS_URBAN_PUBLIC_EDUCATION_BY_ELIMINATING_EDUCATION_AL_INEQUITY_AND_PREPARING_ALL_STUDENTS_FOR_SUCCESS_IN_COLLEGE_AND_THE_2_IST_CENTURY.   Check this box						· · ·			
Briefly describe the organization's mission or most significant activities:   DIST_PUBLIC_SCHOOLS_TRANSFORMS   URBAN					f formation	n: 2001	M S	tate o	f legal domicile: CO
PUBLIC EDUCATION BY ELIMINATING EDUCATIONAL INEQUITY AND PREPARING	Pa			-					
A Number of independent voting members of the governing body (Part VI, line 1b)		1	Briefly	describe the organization's mission or most significant activities: DSST_PUBLIC_S	SCH001	LS TRAN	ISF	ORM	S URBAN
A Number of independent voting members of the governing body (Part VI, line 1b)	ce		PUB:	LIC EDUCATION BY ELIMINATING EDUCATIONAL INEQUITY AND	PREP	ARING			
A Number of independent voting members of the governing body (Part VI, line 1b)	nar		ALL	STUDENTS FOR SUCCESS IN COLLEGE AND THE 21ST CENTURY					
A Number of independent voting members of the governing body (Part VI, line 1b)	ver	2	Check	this box 🕨 🔛 if the organization discontinued its operations or disposed of more that	an 25% o	f its net ass	sets.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year   School   Current Year   School   Current Year   School   Current Year   School	တိ	3	Numb	er of voting members of the governing body (Part VI, line 1a)			. L	3	16
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year   School   Current Year   School   Current Year   School   Current Year   School	•ඊ ග	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			. L	4	16
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year   School   Current Year   School   Current Year   School   Current Year   School	itie	5	Total	number of individuals employed in calendar year 2021 (Part V, line 2a)			. [	5	1,162
b Net unrelated business taxable income from Form 990-T, Part I, line 11    Prior Year   Current Year   School   Current Year   School   Current Year   School   Current Year   School	;į	6	Total	number of volunteers (estimate if necessary)			. [	6	150
D Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	Ā	7a						7a	
Prior Year   Current Year		1						7b	
9 Program service revenue (Part VIII, line 2g)									Current Year
9 Program service revenue (Part VIII, line 2g)	•	8	Contri	butions and grants (Part VIII, line 1h)	2	23,015,	240	٥.	23,025,483.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 a Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (D), line 25)	nu	9							82,444,429.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 a Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (D), line 25)	eve	10							324,987.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 97, 297, 168. 105, 801, 201  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12, 850, 000. 286, 1  14 Benefits paid to or for members (Part IX, column (A), line 4). NONE  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 65, 536, 195. 70, 096, 61  16 a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25) ▶ 420, 193.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 100, 623, 050. 95, 197, 1.  19 Revenue less expenses. Subtract line 18 from line 123, 325, 882. 10, 604, 20  20 Total assets (Part X, line 16)3, 325, 882. 10, 604, 20  21 Total liabilities (Part X, line 26). 8, 473, 984. 10, 041, 93  22 Net assets or fund balances. Subtract line 21 from line 20. 34, 685, 998. 45, 656, 79  21 Total liabilities (Part X, line 26). 8, 473, 984. 10, 041, 93  22 Net assets or fund balances. Subtract line 21 from line 20. 34, 685, 998. 45, 656, 79  23 Part III Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of penalties of perjury, I declare than officer) is based on all information of which preparer has any knowledge.  24/24/2023  25 Signature of officer  26 Part X, line 26). 90, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	œ								6,367.
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   12,850,000.   286,1     14   Benefits paid to or for members (Part IX, column (A), line 4)   NONE   N     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).   65,536,195.   70,096,6     16   Professional fundraising fees (Part IX, column (A), line 11e)   NONE   N     17   Other expenses (Part IX, column (A), line 25)   420,193.     17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   22,236,855.   24,814,29     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   100,623,050.   95,197,1     19   Revenue less expenses. Subtract line 18 from line 12   -3,325,882.   10,604,0     20   Total lassets (Part X, line 16)   43,159,982.   55,698,7     21   Total liabilities (Part X, line 26)   8,473,984.   10,041,9     22   Net assets or fund balances. Subtract line 21 from line 20.   34,685,998.   45,656,7     21   Total liabilities (Part X, line 26)   8,473,984.   10,041,9     22   Net assets or fund balances. Subtract line 21 from line 20.   34,685,998.   45,656,7     23   Signature Block   4/24/2023     3   Signature Block   4/24/2023     4/24/2023   5/24					g	7.297.		_	105,801,266.
14   Benefits paid to or for members (Part IX, column (A), line 4)   NONE		_							286,197.
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 65, 536, 195. 70,096, 61  16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE N  17 Other expenses (Part IX, column (D), line 25) ▲ 420,193.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 100,623,050. 95,197,11  19 Revenue less expenses. Subtract line 18 from line 123,325,882. 10,604,01  10 Total labilities (Part X, line 16) 43,159,982. 55,698,71  20 Total assets (Part X, line 26) 88,473,984. 10,041,91  21 Total liabilities (Part X, line 26) 88,473,984. 10,041,91  22 Net assets or fund balances. Subtract line 21 from line 20. 34,685,998. 45,656,77   Part II Signature Block  Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature of officer Date  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA    Print/Type preparer's name   Prox/IS, LLP   Firm's address   Print/Type preparer's signature   Print/Type preparer's name   Prox/IS, LLP   Firm's name   Prox/IS, LLP   Firm's name   Prox/IS, SUITE 800 COLORADO SPRINGS, CO 80903-9848   Phone no. 719-471-4290						, ,			NONE
16a Professional fundraising fees (Part IX, column (A), line 11e)   NONE   N	w	4.5			6	55.536.		_	70,096,693.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22, 236, 855. 24, 814, 21 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 100, 623, 050. 95, 197, 1 19 Revenue less expenses. Subtract line 18 from line 123, 325, 882. 10, 604, 0  Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 43, 159, 982. 55, 698, 70  21 Total liabilities (Part X, line 26) 84, 473, 984. 10, 041, 93  22 Net assets or fund balances. Subtract line 21 from line 20. 34, 685, 998. 45, 656, 73  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Print/Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA    Print/Type preparer's name   Preparer's signature   Date   04/11/2023   Check   if PTIN   PT	ıse	16 a							NONE
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22, 236, 855. 24, 814, 21 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 100, 623, 050. 95, 197, 1 19 Revenue less expenses. Subtract line 18 from line 123, 325, 882. 10, 604, 0  Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 43, 159, 982. 55, 698, 70  21 Total liabilities (Part X, line 26) 84, 473, 984. 10, 041, 93  22 Net assets or fund balances. Subtract line 21 from line 20. 34, 685, 998. 45, 656, 73  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Print/Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA    Print/Type preparer's name   Preparer's signature   Date   04/11/2023   Check   if PTIN   PT	bei	h							1,01,12
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  100,623,050. 95,197,1  19 Revenue less expenses. Subtract line 18 from line 123,325,882. 10,604,0  Beginning of Current Year End of Year  Total assets (Part X, line 16). 43,159,982. 55,698,70  21 Total liabilities (Part X, line 26). 8,473,984. 10,041,93  22 Net assets or fund balances. Subtract line 21 from line 20. 34,685,998. 45,656,70  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  NICHOLAS PLANTAN  CHIEF FINANCIAL OFFI  Print/Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA  Firm's name FORVIS, LLP  Firm's name FORVIS, LLP  Firm's name FORVIS, LLP  Firm's address 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 Phone no. 719-471-4290	ũ	17			2	2 236	851	5	24 814 285
19   Revenue less expenses. Subtract line 18 from line 12   -3,325,882   10,604,005									· · · · · · · · · · · · · · · · · · ·
Beginning of Current Year   End of Year									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Value   Va	r se	13	IVEVE	ide less expenses. Subtract line 10 from line 12.					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Value   Va	ets (	20	Total	possets (Part V. line 16)	<u> </u>			_	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Value   Va	Ass	24							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Value   Va	nd/	22			-			_	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Variable   V	Z⊥ Da	rt II				94,000,	220	٠.	43,030,790.
Sign Here  Sign Number of Signature of officer Signature Other Sig					nents and	to the bes	t of	mv kr	nowledge and belief it is
Sign Here  NICHOLAS PLANTAN  NICHOLAS PLANTAN  Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA  Firm's name ► FORVIS, LLP  Firm's address ► 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848  Phone no.  Date  Check if PTIN  Self-employed P00958966  Firm's EIN ► 44-0160260  719-471-4290	true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any kno	wledge.		,	
Sign Here  NICHOLAS PLANTAN  NICHOLAS PLANTAN  Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA  Firm's name ► FORVIS, LLP  Firm's address ► 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848  Phone no.  Date  Check if PTIN  Self-employed P00958966  Firm's EIN ► 44-0160260  719-471-4290				While XII		4	1/24	/202	23
NICHOLAS PLANTAN  Type or print name and title  Paid Preparer Use Only  NICHOLAS PLANTAN  Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA Firm's name ▶ FORVIS, LLP  Firm's address ▶ 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848  Phone no. 719-471-4290	Sig	n	5	signature of officer					
Type or print name and title  Print/Type preparer's name  ADAM R SMITH CPA  Firm's name ► FORVIS, LLP  Firm's address ► 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848  Print/Type or print name and title  Date  04/11/2023 Check if PTIN  900958966  Poon Poon Poon Poon Poon Poon Poon Poo	Hei	re		NICHOLAS PLANTAN CHIEF FINAI	NCTAT.	OFFI			
Paid Preparer Use Only         ADAM R SMITH CPA         04/11/2023         Self-employed Self-employed P00958966           Firm's name         ► FORVIS, LLP         Firm's EIN         44-0160260           Firm's address         111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848         Phone no.         719-471-4290			_		INCIAL	OIII			
Paid Preparer Use Only         ADAM R SMITH CPA         04/11/2023         Self-employed Self-employed P00958966           Firm's name         ► FORVIS, LLP         Firm's EIN         44-0160260           Firm's address         111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848         Phone no.         719-471-4290						Check		if P1	ΓΙΝ
Preparer Use Only         Firm's name         ► FORVIS, LLP         Firm's EIN         ► 44-0160260           Firm's address         111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848         Phone no.         719-471-4290	Paid	i		04/11	1/2023	) <sup>-</sup> -	_	"	
Firm's address 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 Phone no. 719-471-4290	-		Firm's		-	<del></del>		1 -	
	Use	Only					-		
	Mav	v the							
For Paperwork Reduction Act Notice, see the separate instructions.	_							<u> </u>	Form <b>990</b> (2021)

# 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*.

filing of this	form, visit www.irs.gov/e-file-providers/e-file-i	for-charities	-and-non-profits.			, o	0.000.010
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
-	ions required to file an income tax return othorm 7004 to request an extension of time to fi		•	20-C filers), partnersh	ips, F	REMICs,	and trusts
Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification n	umbe	er (TIN)	
print	DENVER SCHOOL OF SCIENCE AND	тесимот (	OCV INC	84-160273	2		
File by the	Number, street, and room or suite no. If a P.O. bo			04-1002/3	3		
due date for	3401 QUEBEC STREET STE 2000	·					
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
instructions.	DENVER, CO 80207						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
Application		Return	Application				Return
ls For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
Form 990-T	(corporation)	07					
Telephon If the org If this is f for the whol a list with th	as are in the care of ►NICHOLAS PLANTAN  3401 QUEBEC STRI  10 No. ► 303 524-6324  Anization does not have an office or place of for a Group Return, enter the organization's following group, check this box  10 In a member of the extension of time under the care of the c	EET STE business ir ur digit Gro f it is for pa ion is for.	oup Exemption Number ( art of the group, check t	ck this box		If thi	is is ach
for the	organization named above. The extension is calendar year 20	for the org	ganization's return for:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 If the t	tax year beginning 07/  ax year entered in line 1 is for less than 12 m  Change in accounting period	nonths, ched	ck reason: Initial re			<u> </u>	
nonref	application is for Forms 990-PF, 990-T, fundable credits. See instructions.				3a	\$	NONE
estima	application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior year	ar overpayn	nent allowed as a credit		3b	\$	NONE
	ce due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Syster	•	• •	orm, if required, by	3с	\$	NONE
Caution: If your instructions.	ou are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,	see Form 8453-TE and F	orm 8	3879-TE	for payment
		_					

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

Form **8868** (Rev. 1-2022)

# Cumulative e-File History 2021

FED

**Status** 

Tax Return **Return Type** 990

0625RY

**Taxpayer** DENVER SCHOOL OF SCIENCE AND

5974

TECHNOLOGY, INC.

**Submitted Date** 2022-08-12 16:22:49 Acknowledgement Date 2022-08-12 16:59:28

**Account** 

**Submission ID** 84022720222245000015

Accepted

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. 84-1602733 Form 990 (2021) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: DSST PUBLIC SCHOOLS TRANSFORMS URBAN PUBLIC EDUCATION BY ELIMINATING EDUCATIONAL INEQUITY AND PREPARING ALL STUDENTS FOR SUCCESS IN COLLEGE AND THE 21ST CENTURY. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 92,339,462. including grants of \$ 286,197. ) (Revenue \$ 4a (Code: PROVIDING FUNDING AND MANAGEMENT SERVICES FOR THE ESTABLISHMENT AND GROWTH OF PUBLIC SCHOOLS. DSST CURRENTLY SERVES A STUDENT POPULATION OF 6,800 STUDENTS IN 15 SCHOOLS. AT FULL ENROLLMENT IN 2029, DSST WILL SERVE 8,850 STUDENTS IN 18 SCHOOLS ACROSS DENVER PUBLIC SCHOOLS AND AURORA PUBLIC SCHOOLS. TO DATE DSST HAS PREPARED 100% OF OUR GRADUATES TO ATTEND A FOUR YEAR COLLEGE. DSST SCHOOLS ARE RECOGNIZED AMONG THE TOP PERFORMING SCHOOLS IN COLORADO. including grants of \$ ) (Revenue \$ **4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code: ) (Expenses \$

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

**4e** Total program service expenses ▶ 92,339,462.

JSA
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Form 990 (2021) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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 Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	$\vdash$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
124	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Page 4 Form 990 (2021)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		21
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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	X	
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	,,,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	- specialize gaming (gamening) minimige to prize minimies. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [			

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Par	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 1,162			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a 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 ►			
<b>.</b> .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

84-1602733 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion 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 1a 16			
	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			
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
·u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Canti	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)	「(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s <b>&gt;</b>		
	NICHOLAS PLANTAN 3401 QUEBEC STREET STE 2000 DENVER, CO 80207			

303-524-6324

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 nor any related organization compensated any current officer, director, or trustee.

(3) CATHERINE OTTO	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles	Pos neck s pe	rson	e than or is both or/trust employee employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
CEO	(4) P.L.L. WIDER	40.00									
C2 CHRISTINE NELSON		-			37				260 221	NONE	20 204
CHIEF OF SCHOOLS		_			Λ				200,331.	NONE	30,304.
(3) CATHERINE OTTO		_			v				174 497	NONE	20,150.
CHIEF OPERATING OFFICER NONE X 140,002. NONE 10,4  (4) NICOLE FULBRIGHT 40.00  CHIEF ACADEMIC OFFICER NONE X 127,925. NONE 21,1  (5) REBECCA BLOCH 40.00  MANAGING DIRECTOR OF SCHOOLS NONE X 136,518. NONE 11,8  (6) ADEEL KHAN 40.00  MANAGING DIRECTOR OF SCHOOLS NONE X 134,709. NONE 11,1  (7) HEATHER LAMM - (THRU 11/21) 40.00  CHIEF ADVOCACY & COMM. OFFICER NONE X 127,979. NONE 17,4  (8) GRANT ERWIN 40.00  VP OF CULTURE & STU. EXP. NONE X 131,480. NONE 10,5  (9) BECCA MEYER 40.00  SCHOOL DIRECTOR NONE X 131,914. NONE 5,8  (10) AARON GRIFFEN 40.00  CHIEF EQUITY OFFICER NONE X 117,439. NONE 19,6  (11) NATALIE LEWIS 40.00  VP OF LEADERSHIP DEVELOPMENT NONE X 127,078. NONE 9,9  (12) NICHOLAS PLANTAN 40.00  CHIEF FINANCIAL OFFICER 1.00 X 111,878. NONE 17,2  (13) ASHLEY WIEGNER 40.00		_			21				1/1/10/.	IVOIVE	20,150.
(4) NICOLE FULBRIGHT       40.00         CHIEF ACADEMIC OFFICER       NONE       X       127,925.       NONE       21,1         (5) REBECCA BLOCH       40.00       X       136,518.       NONE       11,8         (6) ADEEL KHAN       40.00       X       134,709.       NONE       11,1         MANAGING DIRECTOR OF SCHOOLS       NONE       X       134,709.       NONE       11,1         (7) HEATHER LAMM - (THRU 11/21)       40.00       X       127,979.       NONE       17,4         (8) GRANT ERWIN       40.00       X       127,979.       NONE       17,4         (9) BECCA MEYER       40.00       X       131,480.       NONE       10,5         (10) AARON GRIFFEN       40.00       X       131,914.       NONE       5,8         (10) AARON GRIFFEN       40.00       X       117,439.       NONE       19,6         (11) NATALIE LEWIS       40.00       X       127,078.       NONE       9,9         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2		_			x				140.002	NONE	10,401.
CHIEF ACADEMIC OFFICER NONE X 127,925. NONE 21,1  (5) REBECCA BLOCH 40.00  MANAGING DIRECTOR OF SCHOOLS NONE X 136,518. NONE 11,8  (6) ADEEL KHAN 40.00  MANAGING DIRECTOR OF SCHOOLS NONE X 134,709. NONE 11,1  (7) HEATHER LAMM - (THRU 11/21) 40.00  CHIEF ADVOCACY & COMM. OFFICER NONE X 127,979. NONE 17,4  (8) GRANT ERWIN 40.00  VP OF CULTURE & STU. EXP. NONE X 131,480. NONE 10,5  (9) BECCA MEYER 40.00  SCHOOL DIRECTOR NONE X 131,914. NONE 5,8  (10) AARON GRIFFEN 40.00  CHIEF EQUITY OFFICER NONE X 117,439. NONE 19,6  (11) NATALIE LEWIS 40.00  VP OF LEADERSHIP DEVELOPMENT NONE X 127,078. NONE 9,5  (12) NICHOLAS PLANTAN 40.00  CHIEF FINANCIAL OFFICER 1.00 X 111,878. NONE 17,2  (13) ASHLEY WIEGNER 40.00		_							110,002.	110112	10,101.
MANAGING DIRECTOR OF SCHOOLS   NONE   X   136,518.   NONE   11,8					х				127,925.	NONE	21,110.
MANAGING DIRECTOR OF SCHOOLS         NONE         X         136,518.         NONE         11,8           (6) ADEEL KHAN         40.00         X         134,709.         NONE         11,1           (7) HEATHER LAMM - (THRU 11/21)         40.00         X         127,979.         NONE         17,4           (8) GRANT ERWIN         40.00         X         131,480.         NONE         17,4           (9) BECCA MEYER         40.00         X         131,914.         NONE         5,8           (10) AARON GRIFFEN         40.00         X         117,439.         NONE         19,6           (11) NATALIE LEWIS         40.00         X         117,439.         NONE         9,5           (12) NICHOLAS PLANTAN         40.00         X         111,878.         NONE         17,2           (13) ASHLEY WIEGNER         40.00         X         111,878.         NONE         17,2		_							,	_	,
(6) ADEEL KHAN       40.00         MANAGING DIRECTOR OF SCHOOLS       NONE         (7) HEATHER LAMM - (THRU 11/21)       40.00         CHIEF ADVOCACY & COMM. OFFICER       NONE         X       127,979.         NONE       17,4         (8) GRANT ERWIN       40.00         VP OF CULTURE & STU. EXP.       NONE       X       131,480.       NONE       10,9         SCHOOL DIRECTOR       NONE       X       131,914.       NONE       5,8         (10) AARON GRIFFEN       40.00       X       117,439.       NONE       19,6         (11) NATALLE LEWIS       40.00       X       127,078.       NONE       9,5         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2		NONE					Х		136,518.	NONE	11,817.
(7) HEATHER LAMM - (THRU 11/21)       40.00         CHIEF ADVOCACY & COMM. OFFICER       NONE       X       127,979.       NONE       17,4         (8) GRANT ERWIN       40.00       X       131,480.       NONE       10,5         VP OF CULTURE & STU. EXP.       NONE       X       131,480.       NONE       10,5         (9) BECCA MEYER       40.00       X       131,914.       NONE       5,8         SCHOOL DIRECTOR       NONE       X       131,914.       NONE       5,8         (10) AARON GRIFFEN       40.00       X       117,439.       NONE       19,6         (11) NATALIE LEWIS       40.00       X       127,078.       NONE       9,9         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2	(6) ADEEL KHAN	40.00									
CHIEF ADVOCACY & COMM. OFFICER       NONE       X       127,979.       NONE       17,4         (8) GRANT ERWIN       40.00       X       131,480.       NONE       10,9         VP OF CULTURE & STU. EXP.       NONE       X       131,480.       NONE       10,9         (9) BECCA MEYER       40.00       X       131,914.       NONE       5,8         (10) AARON GRIFFEN       40.00       X       117,439.       NONE       19,6         (11) NATALIE LEWIS       40.00       X       117,439.       NONE       19,6         (12) NICHOLAS PLANTAN       40.00       X       127,078.       NONE       9,5         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2	MANAGING DIRECTOR OF SCHOOLS	NONE					Х		134,709.	NONE	11,174.
(8) GRANT ERWIN       40.00         VP OF CULTURE & STU. EXP.       NONE         (9) BECCA MEYER       40.00         SCHOOL DIRECTOR       NONE         (10) AARON GRIFFEN       40.00         CHIEF EQUITY OFFICER       NONE         (11) NATALIE LEWIS       40.00         VP OF LEADERSHIP DEVELOPMENT       NONE         (12) NICHOLAS PLANTAN       40.00         CHIEF FINANCIAL OFFICER       1.00         X       111,878.         NONE       17,2         (13) ASHLEY WIEGNER       40.00	(7) HEATHER LAMM - (THRU 11/21)	40.00									
VP OF CULTURE & STU. EXP.       NONE       X       131,480.       NONE       10,9         (9) BECCA MEYER       40.00       X       131,914.       NONE       5,8         SCHOOL DIRECTOR       NONE       X       131,914.       NONE       5,8         (10) AARON GRIFFEN       40.00       X       117,439.       NONE       19,6         CHIEF EQUITY OFFICER       NONE       X       127,078.       NONE       9,9         VP OF LEADERSHIP DEVELOPMENT       NONE       X       127,078.       NONE       9,9         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2	CHIEF ADVOCACY & COMM. OFFICER	NONE			Х				127,979.	NONE	17,434.
(9) BECCA MEYER       40.00         SCHOOL DIRECTOR       NONE         (10) AARON GRIFFEN       40.00         CHIEF EQUITY OFFICER       NONE         (11) NATALIE LEWIS       40.00         VP OF LEADERSHIP DEVELOPMENT       NONE         (12) NICHOLAS PLANTAN       40.00         CHIEF FINANCIAL OFFICER       1.00         X       111,878         NONE       17,2         (13) ASHLEY WIEGNER       40.00	(8) GRANT ERWIN	40.00									
SCHOOL DIRECTOR         NONE         X         131,914.         NONE         5,8           (10) AARON GRIFFEN         40.00         X         117,439.         NONE         19,6           CHIEF EQUITY OFFICER         NONE         X         117,439.         NONE         19,6           (11) NATALIE LEWIS         40.00         X         127,078.         NONE         9,9           VP OF LEADERSHIP DEVELOPMENT         NONE         X         127,078.         NONE         9,9           (12) NICHOLAS PLANTAN         40.00         X         111,878.         NONE         17,2           (13) ASHLEY WIEGNER         40.00         X         111,878.         NONE         17,2	VP OF CULTURE & STU. EXP.	NONE					Х		131,480.	NONE	10,911.
(10) AARON GRIFFEN       40.00         CHIEF EQUITY OFFICER       NONE       X       117,439.       NONE       19,6         (11) NATALIE LEWIS       40.00       X       127,078.       NONE       9,9         VP OF LEADERSHIP DEVELOPMENT       NONE       X       127,078.       NONE       9,9         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2	(9) BECCA MEYER	40.00									
CHIEF EQUITY OFFICER       NONE       X       117,439.       NONE       19,6         (11) NATALIE LEWIS       40.00       X       127,078.       NONE       9,9         VP OF LEADERSHIP DEVELOPMENT       NONE       X       127,078.       NONE       9,9         (12) NICHOLAS PLANTAN       40.00       X       111,878.       NONE       17,2         CHIEF FINANCIAL OFFICER       1.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00       X       111,878.       NONE       17,2	SCHOOL DIRECTOR	NONE					Х		131,914.	NONE	5,849.
(11) NATALIE LEWIS       40.00         VP OF LEADERSHIP DEVELOPMENT       NONE         (12) NICHOLAS PLANTAN       40.00         CHIEF FINANCIAL OFFICER       1.00         (13) ASHLEY WIEGNER       40.00	(10) AARON GRIFFEN	40.00									
VP OF LEADERSHIP DEVELOPMENT NONE X 127,078. NONE 9,9  (12) NICHOLAS PLANTAN 40.00  CHIEF FINANCIAL OFFICER 1.00 X 111,878. NONE 17,2  (13) ASHLEY WIEGNER 40.00	CHIEF EQUITY OFFICER	NONE			Х				117,439.	NONE	19,618.
(12) NICHOLAS PLANTAN       40.00         CHIEF FINANCIAL OFFICER       1.00       X       111,878.       NONE       17,2         (13) ASHLEY WIEGNER       40.00         111,878.       NONE       17,2	(11) NATALIE LEWIS	40.00									
CHIEF FINANCIAL OFFICER 1.00 X 111,878. NONE 17,2 (13) ASHLEY WIEGNER 40.00	VP OF LEADERSHIP DEVELOPMENT	NONE					X		127,078.	NONE	9,919.
(13) ASHLEY WIEGNER 40.00	(12) NICHOLAS PLANTAN	40.00									
	CHIEF FINANCIAL OFFICER	1.00			Х				111,878.	NONE	17,283.
CHIEF PEOPLE OFFICER NONE X 109,734. NONE 9,7	<u> </u>	40.00									
	CHIEF PEOPLE OFFICER	NONE			Х				109,734.	NONE	9,784.
(14) BARBARA BROHL 2.00	(14) BARBARA BROHL	2.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE Form <b>990</b> (2021)

Form 990 (2021)

Page **8** 

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	d)	
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average				sition			Reportable	Reportable	Est	imated	
	hours per week (list any	,				e than o is both		compensation	compensation from		ount of other	
	hours for	office				tor/truste		from the	related organizations		ensatio	on
	related	Individual trustee or director	Inst	Officer	₹ ey	em <sub>I</sub>	Forme	organization	(W-2/1099-MISC)		m the	
	organizations below dotted	direc	litut	cer	em	hest	mer	(W-2/1099-MISC)		•	nizatio related	
	line)	tor tr	ona		Key employee	ee					nization	
		uste.	Institutional trustee		ee	nper						
		ď	stee			Highest compensated employee						
						8						
( 15) GREG SISSEL	2.00										_	
DIRECTOR	NONE	X						NONE	NONE		]	NONE
( 16) ALYSSA WHITEHEAD-BUST	2.00											
DIRECTOR	NONE	X						NONE	NONE		]	NONE
( 17) DAVID GREENBERG	2.00											
DIRECTOR	NONE	X						NONE	NONE		]	NONE
( 18) PATRICK O'ROURKE	2.00											
DIRECTOR	NONE	X						NONE	NONE			NONE
( 19) BRENDA ALLEN	2.00	<del>-</del>									_	
DIRECTOR	NONE	X						NONE	NONE		_	NONE
( 20) JUSTIN JASCHKE	2.00	٠										
DIRECTOR	NONE	X						NONE	NONE			NONE
( 21) REGINA RODRIGUEZ	2.00 NONE	.,						NONE	NONE			NONTE
DIRECTOR	NONE	X						NONE	NONE			NONE
( 22) BILLY BROWN	2.00 NONE	3,7						NONE	NONE			NT () NT T
DIRECTOR	NONE	X						NONE	NONE			NONE
( 23) PETER FRITZINGER	$\frac{2.00}{1.00}$	- v		Х				NONE	NONTE		,	NT () NTT
VICE CHAIR	2.00	X		Λ				NONE	NONE			NONE
( 24) GLORIA ZAMORA BOARD CHAIR	NONE	X		Х				NONE	NONE		,	NONE
( 25) SCOTT ARTHUR	2.00	Α.		Λ				NONE	NONE			NOINE
DIRECTOR	NONE	x						NONE	NONE		1	NONE
1h Sub-total								1,831,474.	NONE	1	.95,	
c Total from continuation sheets to Part VII,	Section A				• •			NONE				NONE
d Total (add lines 1b and 1c)	=				• •		•	1,831,474.	NONE	1	.95,	
2 Total number of individuals (including but no								· · · · · · · · · · · · · · · · · · ·				751.
reportable compensation from the organization				u u		30		rootrod moro than	ψ. ου, ουο υι			
											Yes	No
3 Did the organization list any former off	icer directo	or or	trı	ıste	e	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		
4 For any individual listed on line 1a, is the												
organization and related organizations g												
individual										4		
5 Did any person listed on line 1a receive o												
for services rendered to the organization? If "										5		

# Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Port VIII	Cootion A	Officers	Directors	Tructoo	a May E	-mmlavaaa	and Highes	t Campan	antad Em	alavaaa /a	 
orm 990 (2021)	)										Page <b>8</b>
										-	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than on					Reportable	Reportable	Estimated
	hours per	,						compensation	compensation from	amount of
	week (list any hours for					is both or/trust		from	related	other compensation
	related	악 코						the organization	organizations (W-2/1099-MISC)	from the
	organizations	divi	stit	Officer	y e	ghe	Former	(W-2/1099-MISC)	(** 2/1000 1/1100)	organization
	below dotted	dual	tion	Т.	nplc	Highest co employee	<b>–</b>			and related
	line)	Individual trustee or director	Institutional trustee		Key employee	dmc				organizations
		tee	uste		-	ens				
			ď			compensated				
26) GEORGE SPARKS	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
27) JEFF TARR	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
28) GLENN RUSSO	2.00									
TREASURER	1.00	Х		Х				NONE	NONE	NONE
29) JANET LOPEZ	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
30) DANIELLE FELDER-(BEGIN 4/22)	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	NONE			Х				NONE	NONE	NONE
	ļ									
	ļ									
	<del> </del>									
	<del> </del>	1								
1b Sub-total							▶			
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>			
d Total (add lines 1b and 1c)							$\blacktriangleright$			
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bov	e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	emn	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	om	per	satior	n ai	nd other compens	sation from the	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Page 9

### DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues Fundraising events 1c 14,790,876. Government grants (contributions) . . 1e All other contributions, gifts, grants, 8,234,607 and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 23,025,483. **Business Code** Program Service Revenue 611710 PER PUPIL REVENUE 64,467,441. 64,467,441 611710 17,208,610. 17,208,610 MILL LEVY 611710 STUDENT FEES 768,378. 768,378 d е All other program service revenue 82,444,429. Total. Add lines 2a-2f Investment income (including dividends, interest, and 360,712. 360,712 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 42,402 and sales expenses 7b 6,677. -42,402 c Gain or (loss) -35,725. -35,725. d Net gain or (loss) income from fundraising 8a Gross events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 8a NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NON 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE sales of inventory, 10a returns and allowances NONE Net income or (loss) from sales of inventory NONE **Business Code** Miscellaneous Revenue MISCELLANEOUS INCOME 900099 6,367 6,367 11a b All other revenue 6,367 Total, Add lines 11a-11d 82,450,796. 105,801,266. 324,987. 12

1E1051 1.000

84-1602733

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	286,197.	286,197.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,413,668.	978,517.	408,889.	26,262.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	53,083,981.	51,425,660.	1,357,898.	300,423.
8	Pension plan accruals and contributions (include	5,583,815.	5,369,318.	181,025.	33,472.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,026,759.	5,795,247.	195,385.	36,127.
10	Payroll taxes	3,988,470.	3,835,257.	129,304.	23,909.
	Fees for services (nonemployees):				
	Management	NONE		05 505	
	Legal	85,535.		85,535.	
	Accounting	79,484.		79,484.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE		4 100	
	Investment management fees	4,122.		4,122.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O 14,123,935.	14 102 025		
40	(A), amount, list line 11g expenses on Schedule O.)	95,251.	14,123,935. 95,251.		
	Advertising and promotion	297,978.	297,978.		
13	Office expenses	2,347,110.	2,347,110.		
14	Information technology	NONE NONE	2,347,110.		
15	Royalties	1,085,590.	1,085,590.		
	Occupancy Travel	457,861.	457,861.		
	Payments of travel or entertainment expenses	137,001.	137,001.		
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
		NONE			
	Depreciation, depletion, and amortization	331,698.	331,698.		
	Insurance	209,498.	,	209,498.	
	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.)				
а	EDUCATIONAL SUPPLIES	5,411,038.	5,411,038.		
b	DUES & FEES	283,984.	283,984.	NONE	NON
С	MISCELLANEOUS EXPENSES	1,201.	1,201.		
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	95,197,175.	92,125,842.	2,651,140.	420,193.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Page **11** 

# Part X Balance Sheet

ı art z	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	13,229,768.	1	23,658,303.
2	Savings and temporary cash investments	NONE	2	5
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	3,027,429.	4	807,892.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONE
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
<b>ب</b> ع	Notes and loans receivable, net	NONE	7	NONI
Assets 8 8 8	Inventories for sale or use	NONE	8	NONI
و الخ	Prepaid expenses and deferred charges	190,458.	9	165,018.
_	Land, buildings, and equipment: cost or other	,		,
	basis. Complete Part VI of Schedule D 10a 4,470,980.			
	Less: accumulated depreciation	706,067.	10c	418,205.
11	Investments - publicly traded securities	5,735,462.	11	5,731,519.
12	Investments - other securities. See Part IV, line 11	NONE		NONE
13	Investments - program-related. See Part IV, line 11.	NONE		NONE
14	Intangible assets	NONE		NONE
15	Other assets. See Part IV, line 11	20,270,798.	15	24,917,762.
16				
_	Total assets. Add lines 1 through 15 (must equal line 33)	43,159,982.	16	55,698,704.
17	Accounts payable and accrued expenses	4,636,850.	17	5,816,135.
18	Grants payable	NONE		NONE
19	Deferred revenue	NONE		NONE
20	Tax-exempt bond liabilities	NONE		NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	Loans and other payables to any current or former officer, director,			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%			
ig	controlled entity or family member of any of these persons	NONE		NONE
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D			4,225,779.
26	Total liabilities. Add lines 17 through 25	8,473,984.	26	10,041,914.
Enud Balances 27 28 28	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>e</u> 27	Net assets without donor restrictions	30,848,864.	27	41,431,011.
<u>m</u> 28	Net assets with donor restrictions	3,837,134.	28	4,225,779.
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ة 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or 30 31	Retained earnings, endowment, accumulated income, or other funds		31	
ਰ ਹ 32	Total net assets or fund balances	34,685,998.	32	45,656,790.
ğ 32 33	Total liabilities and net assets/fund balances	43,159,982.	33	55,698,704.
1 30		10,100,000,	- 55	Form <b>990</b> (2021)

1202778

Page **12** Form 990 (2021)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	5,8	01,	<u> 266</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	5,1	97,	<u> 175</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	0,6	04,	<u>091</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	4,6	85,	<u>998</u> .
5	Net unrealized gains (losses) on investments	5		_	21,	<u>944</u> .
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		3	<u>88,</u>	<u>645</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	5,6	<u>56,</u>	<u>790</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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," ex	plain	on			
	Schedule 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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 over	_		2-	3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he	20		v
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why on Schedule Q and describe any steps taken to undergo such audits.	•		3b		
	Tennien anni di annis explain why on schenne d'ann deschoe any siens laken lo unnerno such al	muis -		JU	1	

## SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

DEI	IVEF	R SCHOOL OF SCIENCE	AND TECHNOLO	GY, INC.			84-1	602733
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3	Щ	A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	. ,					
6	Щ	A federal, state, or local go	•			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	X	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			D (II)			
8	$\vdash$	A community trust describe					1. 1 1	land one of a ellere
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	i the college of
10		university:  An organization that norma	Ily receives (1) me	oro than 331/2% of its	cupport	from cor	atributions mambareh	in face and gross
10		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	xceptions	s; and (2) no more thar	n 331/3 % of its
		acquired by the organizatio	n after June 30, 19	975. See <b>section 509</b> (	(a)(2). (C	Complete	Part III.)	Dudinosoco
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	•	•				
		one or more publicly support	=					
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		☐ <b>Type I.</b> A supporting orga	•	•			• , ,	
		the supported organization				ajority of	f the directors or truste	es of the
		supporting organization.	-					
b			•					
		control or management of			the sam	ie persor	ns that control or man	age the supported
		organization(s). You must						De Catalonia ta de 206
С		☐ Type III functionally integ						lly integrated with,
		its supported organization  Type III non-functionally						tod organization(a)
d		that is not functionally into	•		•		• • • • • • • • • • • • • • • • • • • •	• ,
		_ requirement (see instruct		•	-		•	an allenliveness
е		Check this box if the orga	•	=				I Type III
·		functionally integrated, or						i, type iii
f	Ent	ter the number of supported			porting	organizat		
g		ovide the following information		orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	` '	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	979,623.	4,123,258.	2,764,318.	23,015,240.	23,025,483.	53,907,922.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	979,623.	4,123,258.	2,764,318.	23,015,240.	23,025,483.	53,907,922.
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						NONE
6	shown on line 11, column (f)						
	tion B. Total Support						53,907,922.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	979,623.	4,123,258.	2,764,318.	23,015,240.	23,025,483.	53,907,922.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	456,495.	700,248.	673,797.	315,742.	360,712.	2,506,994.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						56,414,916.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	194,658,328.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						05.56.24
14	Public support percentage for 2021 (li		-			14	95.56 %
15	Public support percentage from 2020					15	93.22 %
16a	331/3% support test - 2021. If the org						
L	box and <b>stop here.</b> The organization q	•		•			
D	331/3% support test - 2020. If the organization	=					
172	this box and <b>stop here</b> . The organization 10%-facts-and-circumstances test - 2			-			
114	10% or more, and if the organization	_					
	Part VI how the organization meets						•
	organization			Ū	•		
h	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets						
	organization			_	•		
18	<b>Private foundation.</b> If the organization						
	instructions						

Schedule A (Form 990) 2021 Page 3

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	T			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<del></del>					▶ 🔃
Sec	tion C. Computation of Public Supp	port Percenta	ige				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation 🕨 🔙
b	331/3% support tests - 2020. If the orga	anization did no	t check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization of	did not check	a box on line 1	4 19a or 19h	check this ho	x and see instru	ictions •

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page **4** 

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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
ig Dy			
	1		
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	3b		
3)			
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Page 5 Schedule A (Form 990) 2021

, , , , , , , , , , , , , , , , , , , ,	11a 11b 11c	Yes	No
<ul> <li>a 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?</li> <li>b A family member of a person described on line 11a above?</li> </ul>	11b 11c		
11c below, the governing body of a supported organization? <b>b</b> A family member of a person described on line 11a above?	11b 11c		
<b>b</b> A family member of a person described on line 11a above?	11b 11c		
	11c		
c 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 <b>Part VI.</b>	١		
Section B. Type I Supporting Organizations	١)		
		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		
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		
Section C. Type II Supporting Organizations	1.		
Γ	)	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 <b>Part VI</b> how control			
or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
	1		
Section D. All Type III Supporting Organizations		<b>V</b>	N-
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	1	res	No
provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section E. Type III Functionally Integrated Supporting Organizations			—
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ruction	ns).	
a The organization satisfied the Activities Test. Complete line 2 below.		,	
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruc	ctions	3).
	\	Yes	No
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
that these activities constituted substantially all of its activities.	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 <b>Part VI</b> 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. <i>Answer lines 3a and 3b below.</i>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganization	S	
1 Check here if the organization satisfied the Integral Part Test as a quali instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integra	ited Type III supporting	g organization
(see instructions).	, ,	, , , , , ,	-

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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 organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2021		Underdistribution	าธ	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021

and 4c.

## Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. 84-1602733 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY INC.

Employer identification number

	DENVER SCHOOL OF SCIENCE AND TECH	NOLOGY, INC.	84-1602733
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$5,563,557	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	N/A	\$14,790,876	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

94 1602722

	DENVER	SCHOOL (	OF SCIEN	CE AND	TECHNOLOGY,	INC.	84-1602733
Part II	Noncash Property	(see instr	uctions). U	se dupli	cate copies of Pa	art II if additional	space is needed.

Part II No	oncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eaea.
(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
		   \$	

Schedule B (Form 990) (2021) Page **4** 

Name of or	rganization			Employer identification number				
	DENVER SCHOOL OF SCIE			84-1602733				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one colions completing Part III, enter e year. (Enter this information	ntributor. Comer the total of <i>e</i> .	plete columns (a) through (e) and xclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Re			ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship	tionship of transferor to transferee				
	-							

# **SCHEDULE D** (Form 990)

# 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. Employer identification number

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

vaille	of the organization	Employer identification number
DEN	VER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.	84-1602733
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
4 5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
o o		
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Da	conferring impermissible private benefit?	res No
Pa	rt II Conservation Easements.	
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	Control of the Control of the America
		a historically important land area
	_	a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С	(e)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, o service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
h	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or reseated.	arch in furtherance of public service
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	Title in an analysis gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990. Part X	• • • • • • • • • • • • • • • • • • •

Schedule D (Form 990) 2021

Sched	dule D (Form 990) 2021 DEN	VER SCHOOL OF	SCIENCE AND T	FCHNOLOGY TN	ıc 84–1	.602733 Page <b>2</b>
	rt III Organizations Maintaini					
3	Using the organization's acquisition					
	collection items (check all that appl	y):		-		
а	Public exhibition		d Loan	or exchange progra	m	
b	Scholarly research		e Other			
С	Preservation for future gener	ations				
4	Provide a description of the organ	nization's collections	and explain how	they further the or	ganization's exemp	t purpose in Part
	XIII.					
5	During the year, did the organizatio	n solicit or receive of	lonations of art, hist	orical treasures, or	other similar	
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organization's collec	ction?	Yes No
Pa	rt IV Escrow and Custodial A					
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form 990, F	Part IV, line 9, or r	eported an amour	nt on Form
1a	Is the organization an agent, trust	tee, custodian or of	ther intermediary for	or contributions or	other assets not	
	included on Form 990, Part X?				[	Yes No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:		
					Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year					
f	Ending balance					
	Did the organization include an am				-	Yes No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII	
Pa	rt V Endowment Funds.	tion on outered "Va	o" on Form 000 [	Part IV line 10		
	Complete if the organiza		5 OH FOHH 990, F			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Four years back
_		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	(a) Current year 230,432.	<b>(b)</b> Prior year 170,239.	(c) Two years back	(d) Three years back	(e) Four years back
b	Contributions					
b	Contributions	230,432.	170,239.	167,661.		156,199.
b c	Contributions					
b c d	Contributions	230,432.	170,239.	167,661.		156,199.
b c d	Contributions	230,432.	170,239.	6,274.		156,199.
b c d e	Contributions	230,432.	170,239.	167,661.		156,199.
b c d e	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses	230,432. -13,583. 4,122.	170,239. 64,037.	6,274. 3,696.	167,661.	156,199.
b c d e	Contributions	230,432. -13,583. 4,122. 212,727.	170,239. 64,037. 3,844.	167,661. 6,274. 3,696.	167,661.	156,199.
b c d e	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage	230,432.  -13,583.  4,122.  212,727.  of the current year 6	170,239. 64,037. 3,844.	167,661. 6,274. 3,696.	167,661.	156,199.
b c d e f g	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶	170,239. 64,037. 3,844. 230,432. end balance (line 1g,	167,661. 6,274. 3,696.	167,661.	156,199.
b c d e f g 2 a b	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage	230,432.  -13,583.  4,122.  212,727.  of the current year elent	170,239. 64,037. 3,844. 230,432. end balance (line 1g,	167,661. 6,274. 3,696.	167,661.	14,495.
b c d e f g 2 a b	Contributions	230,432.  -13,583.  4,122.  212,727.  of the current year elent  -000 %	170,239. 64,037. 3,844. 230,432. end balance (line 1g,	167,661. 6,274. 3,696.	167,661.	14,495.
b c d e f g 2 a b c	Contributions	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶_  0000 %  %  nd 2c should equal 1	170,239.  64,037.  3,844.  230,432.  end balance (line 1g,	167,661. 6,274. 3,696. 170,239. column (a)) held as	167,661.	156,199.
b c d e f g 2 a b c	Contributions	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶_  0000 %  %  nd 2c should equal 1	170,239.  64,037.  3,844.  230,432.  end balance (line 1g,	167,661. 6,274. 3,696. 170,239. column (a)) held as	167,661.	14,495.
b c d e f g 2 a b c	Contributions	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶	170,239.  64,037.  3,844.  230,432.  end balance (line 1g,%)	167,661. 6,274. 3,696. 170,239. column (a)) held as	167,661.	156,199. 14,495. 3,033.
b c d e f g 2 a b c	Contributions	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶	170,239.  64,037.  3,844.  230,432.  end balance (line 1g, _%	167,661. 6,274. 3,696. 170,239. column (a)) held as	167,661.  167,661. :	156,199. 14,495. 3,033. 167,661.
b c d e f g 2 a b c	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment   159.00  Term endowment   41.0000  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations	230,432.  -13,583.  4,122.  212,727.  of the current year elent ▶	170,239.  64,037.  3,844.  230,432.  end balance (line 1g, _%	167,661.  6,274.  3,696.  170,239.  column (a)) held as	167,661.  167,661. :	156,199.  14,495.  3,033.  167,661.  Yes No  3a(i) X
b c d e f g 2 a b c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment   9 9 0 Term endowment   10 10000  The percentages on lines 2a, 2b, and Are there endowment funds not in organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organizations	230,432.  -13,583.  4,122.  212,727.  of the current year elent \( \bigstyle= \) 0000_ %  nd 2c should equal 1 the possession of the current set or the organizations listenesses of the organizations.	a,844.  230,432.  end balance (line 1g,  %  100%.  ne organization that  d as required on Sch	167,661.  6,274.  3,696.  170,239.  column (a)) held as  are held and admir	167,661.  167,661. :	156,199.  14,495.  3,033.  167,661.  Yes No  3a(i) X  3a(ii) X
b c d e f g 2 a b c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment   159.00  Term endowment   41.0000  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended or the standard part III the intended or the standard part II	230,432.  -13,583.  4,122.  212,727.  of the current year elent	and balance (line 1g,%  100%.  The organization that in the control of the con	167,661.  6,274.  3,696.  170,239.  column (a)) held as are held and admir	167,661.  167,661. :	156,199.  14,495.  3,033.  167,661.  Yes No  3a(i) X  3a(ii) X  3b
b c d e f g 2 a b c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment   9 9 0 Term endowment   10 10000  The percentages on lines 2a, 2b, and Are there endowment funds not in organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organizations	230,432.  -13,583.  4,122.  212,727.  of the current year elent	170,239.  64,037.  3,844.  230,432.  end balance (line 1g,  %  100%.  ne organization that  d as required on Sch tion's endowment fur es" on Form 990,	are held and admir nedule R?	167,661.  167,661.  istered for the	156,199.  14,495.  3,033.  167,661.  Yes No  3a(i) X  3a(ii) X  3b

645,613. 163,370. 2,245,606 232,838.

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

418,205. Schedule D (Form 990) 2021

21,997.

1,161,556

808,983.

2,478,444.

1,183,553.

1202778

**1a** Land...... 

c Leasehold improvements

d Equipment......

	OF SCIENCE AND	TECHNOLOGY, INC. 84	1-1602733 Page <b>3</b>
Part VII Investments - Other Securities.  Complete if the organization answered	d "Ves" on Form 000	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 990	). Part IV. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	
(-7 )	(0, 2000 0000	Cost or end-of-year mark	
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	escription		(b) Book value
(1)PREPAID PENSION CERTIFICATES			2,031,093.
(2)INTERFUND RECEIVABLE			22,886,669.
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	lino 15 )		24 017 762
Part X Other Liabilities.	iiiie 15.)		24,917,762.
Complete if the organization answered	d "Yes" on Form 990	). Part IV. line 11e or 11f. See For	m 990. Part X.
line 25.		,	,
1. (a) Descrip	otion of liability		(b) Book value
(1) Federal income taxes			
(2)NET PENSION LIABILITY			4,030,769.
(3)NET OPEB LIABILITY			195,010.
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			4,225,779.
			· · · · · · · · · · · · · · · · · · ·

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

JSA 1E1270 1.000

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 1: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

SCHEDULE D, PART X, LINE 2

DSST, INC., IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE, QUALIFIES FOR THE CHARITABLE
CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN
CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER
SECTION 509(A)(1). DSST, INC. IS ANNUALLY REQUIRED TO FILE A RETURN
OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN
ADDITION, DSST, INC. SUBJECT TO INCOME TAX ON NET INCOME THAT IS
DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT
PURPOSES. DSST, INC. HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED
BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

SCHEDULE D, PART V, LINE 4

0625RY 5974 04/25/2023 09:07:13

THE ENDOWMENT FUND IS TO BE USED TO SUPPORT THE DENVER SCHOOL OF SCIENCE AND TECHNOLOGY'S 1:1 LAPTOP PROGRAM. INCOME FROM THE FUND WILL BE USED FOR ANNUAL COMPUTER AND COMPUTER-RELATED EQUIPMENT PURCHASES TO SUSTAIN 1:1 COMPUTING PROGRAMS FOR THE SCHOOLS.

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number	
DENVER SCHOOL OF SCIENCE AND TEC	CHNOLOGY, IN	IC.				84-1602733		
Part I General Information on Grants	and Assistance	9				•		
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistanc	e?					X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipien		-					es" on Form 990,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) DSST BUILDING CORPORATION								
3401 QUEBEC STREET STE 2000	86-1305649	501(C)(3)	286,197.				GENERAL SUPPORT	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
10)								
(11)								
(12)								
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	•	•					1	

Part III	Grants and Other Assistance to Domestic Individuals.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS:

DSST ONLY GRANTS FUNDS TO AFFILIATED ORGANIZATIONS WITH WHICH IT HAS A

CLOSE RELATIONSHIP THAT ALLOWS MONITORING OF HOW GRANTED FUNDS ARE USED.

THE BUILDING CORPORATION'S ACCOUNTING IS PERFORMED BY DSST'S FINANCE

TEAM, ALLOWING COMPLETE OVERSIGHT OF HOW THE GRANT FUNDS WERE USED.

# **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

84-1602733 DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	1.0		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second control in structure processes and approaches annually control in the second control in sec			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	35		Λ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
O				
_	compensation contingent on the net earnings of: The organization?	6-		37
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTINE NELSON	(i)	173,074.	1,101.	312.	8,333.	11,817.	194,637.	
1 CHIEF OF SCHOOLS	(ii)	NONE	NONE		NONE	NONE	NONE	
CATHERINE OTTO	(i)	138,772.	1,108.	122.	2,833.	7,568.	150,403.	
2 CHIEF OPERATING OFFICER	(ii)	NONE	NONE		NONE	NONE	NONE	
BILL KURTZ	(i)	219,760.	40,000.	571.	11,100.	19,204.	290,635.	
3 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

# Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCES OF ITS EMPLOYEES TO DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF BONUSES WILL BE PAID.

DURING CALENDAR YEAR ENDING DECEMBER 31, 2021, THE ORGANIZATION AWARDED THE CHIEF EXECUTIVE OFFICER AND THE SCHOOL DIRECTORS A BONUS BASED ON REVIEW OF THEIR PERFORMANCES AND SERVICES TO THE ORGANIZATION.

Page 3

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

84-1602733

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE OFFICERS THEN PRESENTED TO THE BOARD BEFORE FILING.

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

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. DETERMINATIONS OF CONFLICTS AND REVIEWS OF CONFLICTS ARE MADE BY THE ENTIRE BOARD OF DIRECTORS. IF A CONFLICT EXISTS, THE CONFLICTED PERSON(S) ARE NOT ELIGIBLE TO VOTE ON THE MATTER(S) RELATED TO THE CONFLICT.

#### FORM 990, PART VI, SECTION B, LINE 15A

THE DSST BOARD OF DIRECTORS ANNUALLY DECIDES AND APPROVES ANY CHANGES IN PAY FOR THE CEO ALONG WITH ANY BONUSES. A COMPENSATION REVIEW OF ALL EMPLOYEES, INCLUDING KEY AND HIGHLY COMPENSATED EMPLOYEES, IS DONE BY THE VP OF TALENT OPERATIONS THAT INCLUDES BENCHMARKING SALARIES FOR SIMILAR POSITIONS WITHIN THE NON-PROFIT SECTOR OF THE DENVER METRO AREA. THE BENCHMARKS AND SUPPORT FOR THE COMPENSATION ADJUSTMENTS ARE DOCUMENTED AND KEPT BY THE HUMAN RESOURCE TEAM. ANNUAL RAISE PERCENTAGES ARE REVIEWED BY THE FINANCE AND COMMITTEE AND BOARD AS A PART OF THE BUDGET APPROVAL PROCESS.

# FORM 990, PART VI, SECTION B, LINE 15B

DSST UNDERWENT A SALARY BENCHMARKING PROCESS IN THE SPRING OF 2022

THAT INCLUDED UTILIZATION OF SALARY DATA FROM THE ERI SALARY ASSESSOR

TOOL AND OUTSIDE CONSULTANT WORK. THIS WAS REVIEWED AND APPROVED BY A

COMPENSATION COMMITTEE INCLUDING MEMBERS FROM THE DSST HR AND FINANCE

TEAMS AS WELL AS THE SENIOR LEADERSHIP TEAM.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number 84-1602733

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

DESCRIPTION OF OTHER CHNAGE IN NET ASSETS:

388,645 - CHANGE IN PENSION AND OPED LIABILITY

IN ACCORDANCE WITH GASB 68 AND 75

Page 2 Schedule O (Form 990 or 990-EZ) 2021

Employer identification number Name of the organization DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. 84-1602733

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

\_\_\_\_\_\_

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION \_\_\_\_\_

-----

DENVER PUBLIC SCHOOLS 1860 LINCOLN STREET

DENVER, CO 80203 ADMIN/SPEN/SERVICES 10,824,658.

AURORA PUBLIC SCHOOLS

15701 E 1ST AVE

AURORA, CO 80011 ADMIN/SPEN/SERVICES 890,130.

\_\_\_\_\_

Name of the organization			Employer identificatio	n number
DENVER SCHOOL OF SCIENC	E AND TECHNOLOGY,	INC.	84-1602733	
FORM 990, PART IX - OTHER FEES				_
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER CONSULTING	1,819,410.	1,819,410.		
EDUCATIONAL SERVICES	12,304,525.	12,304,525.		
TOTALS				
	14,123,935.	14,123,935.		

===========

\_\_\_\_\_\_ \_\_\_\_\_

#### **SCHEDULE R** (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

OMB No. 1545-0047 Open to Public Inspection

Employer identification number DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. 84-1602733

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) DSST BUILDING CORPORATION 86-1305649							
3401 QUEBEC STREET STE 2000 DENVER, CO 80207	REAL ESTATE	CO	509(A)(3)	LINE 12A	DSST	Х	
(2)	_						
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

related organization	Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing		General or managing partner?		General or managing		General or managing		General or managing		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership						
		Country)					Yes	No		Yes	No																													
			country)					country) sections 512 - 514)		country) sections 512 - 514)	country   sections 512 - 514)	country) sections 512 - 514)																												

**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thre	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)		_
	Name of Telated Organization	type (a-s)	Amount involved		unt invo		y
(1)	DSST BUILDING CORPORATION	В	286,197.	ACTUAL	J VA	LUE	
(2)	DSST BUILDING CORPORATION	K	714,511.	ACTUAL	J VA	LUE	
رم،							
(3)							
(4)							
<b>(</b> 5)							
(5)							
/e\							
(6)							

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	K-1 partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(15)													
(16)													