# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$	JL 1, 2020 and	ending J	UN 30, 2021	
<b>B</b> (	Check if applicable:	C Name of organization CREATIVE MINDS INTERNAT	IONAL PUBLIC		D Employer identific	cation number
	Address change	CHARTER SCHOOL				
Ē	Name change	Doing business as			27-52086	
	Initial return Final return/	Number and street (or P.O. box if mail is not delived 3700 NORTH CAPITOL STRE		Room/suite <b>217</b>	E Telephone number 202-588-	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	14,792,248.
	Amende return				H(a) Is this a group re	turn
	Applica- tion	F name and address of principal officer.	RLES JACKSON		for subordinates	? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
1 1	Гах-ехег	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Nebsite	WWW.CREATIVEMINDSPCS.OR	RG		H(c) Group exemption	n number
KF	orm of o	rganization: X Corporation Trust Ass	ociation Other >	L Year	of formation: 2011 N	State of legal domicile: DC
Pa		Summary			·	
0	<b>1</b> B	riefly describe the organization's mission or most s	significant activities: TO O	FFER S	TUDENTS A R	IGOROUS
Activities & Governance	E	EDUCATION PLAN THAT PROVID	DES SKILLS REQU	IRED F	OR SUCCESSF	JL .
rna	2 0	heck this box  if the organization discont	tinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove	3 N	lumber of voting members of the governing body (F	Part VI, line 1a)		3	10
Ğ	1	lumber of independent voting members of the gove			····	10
S		otal number of individuals employed in calendar ye				148
jŧį.		otal number of volunteers (estimate if necessary)				100
Ę		otal unrelated business revenue from Part VIII, colu				0.
⋖	1	let unrelated business taxable income from Form 9				0.
			,		Prior Year	Current Year
d)	8 0	Contributions and grants (Part VIII, line 1h)			576,166.	2,780,905.
nu		rogram service revenue (Part VIII, line 2g)			11,848,883.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			121.	-861.
ŭ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	2,321.
	1	otal revenue - add lines 8 through 11 (must equal F			12,425,170.	
		Grants and similar amounts paid (Part IX, column (A			925.	0.
		enefits paid to or for members (Part IX, column (A)			0.	0.
S		alaries, other compensation, employee benefits (Pa			8,157,659.	8,214,653.
Expenses		rofessional fundraising fees (Part IX, column (A), lin			0.	0.
bei	b T	otal fundraising expenses (Part IX, column (D), line	<sup>25)</sup> ▶ 68,1	32.		
Ж		other expenses (Part IX, column (A), lines 11a-11d,			4,359,804.	4,460,809.
		otal expenses. Add lines 13-17 (must equal Part IX			12,518,388.	12,675,462.
	1	evenue less expenses. Subtract line 18 from line 1			-93,218.	
or	10			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)			8,035,604.	39,658,444.
Ass 1 Ba	21 T	otal liabilities (Part X. line 26)			8,248,150.	37,755,065.
Net	22 N	let assets or fund balances. Subtract line 21 from li	ine 20		-212,546.	1,903,379.
	art II	Signature Block			, ,	, ,
Und	er penalt	ies of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		and complete. Declaration of preparer (other than officer				•
			•			
Sig	n	Signature of officer			Date	
Her		MICHAEL CURRAN, CURRENT	TREASURER			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	I .	Date Check	PTIN
Paid		MEENA BISHNOI	Melas	1 0	3/01/22 if self-employed	P01480769
	-	Firm's name JM&M	confirmed sources shifted		Firm's EIN	52-1853933
		Firm's address 1730 RHODE ISLAND	AVE, N.W., S	UITE 8		
	ٔ ا	WASHINGTON, DC 20				2-296-3306
May	the IR	S discuss this return with the preparer shown above			1	X Yes No

Form	1 990 (2020) CHARTER SCHOOL 27-5208674	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u> </u>
'	TO CULTIVATE WITHIN ALL OF OUR STUDENTS THE MINDSET, SKILLS,	
	CREATIVITY, AND COMMITMENT TO EQUITY ESSENTIAL IN BECOMING GLOBALLY	
	AWARE AND INDEPENDENTLY MINDED CITIZENS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
		LAL NO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
7		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 10,583,349 • including grants of \$ ) (Revenue \$ 12,009,	
	THE SCHOOL DESIGNED A HIGHLY ENGAGING PROGRAM BASED ON AN INTERNATI	ONAL
	PROJECT AND ARTS-BASED CURRICULUM THAT INCLUDES FOREIGN LANGUAGE	
	INSTRUCTION AS WELL AS STANDARDS-BASED LITERACY AND MATHEMATICS.	
	INSTRUCTION AS WELL AS STANDARDS-BASED LITERACT AND MATHEMATICS.	
4b	(Code:) (Expenses \$	)
4c	(Code Norman Code Code Code Code Code Code Code Code	١
40	(Code:) (Expenses \$ including grants of \$)    (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	

032002 12-23-20

10,583,349.

**4e** Total program service expenses ▶

# Part IV Checklist of Required Schedules

	<del></del>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del></del>
10	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>- '</del> '		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV | Checklist of Required Schedules (continued)

				Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	
<b>2</b> 4a	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	24a		x
b	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		- v	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	entering a contained a response of flote to diffy fine in the flat v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

032004 12-23-20

Form 990 (2020) CHARTER SCHOOL

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

	ti otatomonto riogaranig otnor into rimigo ana rax compitanto (committo)				Vac	No				
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		Yes	No				
Za	filed for the calendar year ending with or within the year covered by this return	2a	148							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	х					
b	<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									
3a	Did the annual attitude to a small stand by a first order of \$4,000 and a standard the same of			За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
iu	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х				
b	If "Yes," enter the name of the foreign country	40000								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(,,.	5a		Х				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute									
	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 se	rvices <sub> </sub>	provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired							
	to file Form 8282?		·····	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X				
g										
h										
8	,									
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
a				9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	10-	ı							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l							
11	Section 501(c)(12) organizations. Enter:	140	ı							
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a								
IJ	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule</i> O										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
				Farm	OOO.	/2020\				

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	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 organization's	401		
800	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 10	List the states with which a copy of this form out is required to be med p	ic only	) ava:	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule
	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
19	statements available to the public during the tax year.	u iiilal	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
0	CRAIG BEDNAROVSKY - 202-588-0370			
	3700 NORTH CAPITOL STREET, NW, NO. 217, WASHINGTON, DC 20011			

032006 12-23-20

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLES JACKSON	40.00							100 000	•	1.4.0.4.1
EXECUTIVE DIRECTOR	1000			Х				188,288.	0.	14,941.
(2) CRAIG BEDNAROVSKY	40.00							140 610	0	16 046
CHIEF OPERATING OFFICER	1000			Х				142,618.	0.	16,846.
(3) NAYAMKA A LONG	40.00							104.066	0	12 406
CHIEF ACADEMIC OFFICER	40.00			Х				124,966.	0.	13,426.
(4) ANDREW CHARRIER	40.00	-				37		115 020	0	0 000
INSTRUCTIONAL TECHNOLOGY DIRECTOR	40.00		_	_	_	Х	_	115,239.	0.	8,980.
(5) ABIGAIL SHEFFER	40.00	-				7.7		102 066	0	10 160
LOWER SCHOOL DIRECTOR	40.00			_		Х	_	103,066.	0.	18,160.
(6) LORNA DILL	40.00	-				x		104,929.	0.	12 760
MIDDLE SCHOOL DIRECTOR	40.00			$\vdash$	$\vdash$	^		104,949.	0.	12,760.
(7) AMITA LATHIGRA INCLUSION DIRECTOR	40.00	-				X		106,575.	0.	4,198.
(8) DR. VALAIDA WISE, CHAIR UNTIL	20.00		$\vdash$	$\vdash$		^	┢	100,373.	0.	4,190.
5/2021, THEN BOARD MEMBER	20.00	Х		Х				0.	0.	0.
(9) NAVIN NAYAK, BOARD MEMBER	20.00		$\vdash$			$\vdash$	$\vdash$		0.	•
UNTIL 6/2021, THEN CHAIR	2000	x		x				0.	0.	0.
(10) DIONNE TYUS GARVIN	4.00			<del> </del>						-
VICE CHAIR		Х		х				0.	0.	0.
(11) JEANELLE JOHNSON	4.00			$\vdash$						<u> </u>
TREASURER		Х		х				0.	0.	0.
(12) MATT WALKER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) DR. NEAL BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL CURRAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DR. LYNN JENNINGS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JENNI WALLACE	2.00									
BOARD MEMBER		Х			L			0.	0.	0.
(17) IMANI DAVIS	2.00									
BOARD MEMBER AS OF 9/2020		X	1	l		1		0.	0.	0.

Pai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(c Pos	C)	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	I		timate nount (	
		week	offi				or/trus		from	from related	d l		other	
		(list any hours for	Individual trustee or director				L		the organization	organization (W-2/1099-MIS			pensa om the	
		related	tee or c	stee			ensatec		(W-2/1099-MISC)	(***2/1099-10116	30)		anizati	
		organizations	al trus	onal tru		loyee	compe						d relat	
		below line)	dividu	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	anizatio	ons
		,	드	=	0	<u> </u>	工品	Œ			$\overline{}$			
						$\vdash$	_				$\rightarrow$			
											-+			
			Г											
			_		_		<u> </u>				$\rightarrow$			
			-											
						$\vdash$	$\vdash$				$\overline{}$			
			_		_	_	├				$\rightarrow$			
			-											
	Subtotal				<u> </u>	<u> </u>	<u> </u>		885,681.		0.	8	9,3	11.
С	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								885,681.		0.	8	9,3	11.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho r	received more than \$100	0,000 of reportab	le			7
_	compensation from the organization											$\overline{}$	Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	ee l	kev e	emn	love	e o	r hic	nhest compensated emr	olovee on			103	140
Ū	line 1a? If "Yes," complete Schedule J for s		-	-		•	,	-		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		L	4	Х	
5	Did any person listed on line 1a receive or a								-					v
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .				<u></u>	5		<u> </u>
1	Complete this table for your five highest co	mpensated in	dene	ende	ent o	cont	racto	ors 1	that received more than	\$100,000 of con	npensat	ion f	rom	
•	the organization. Report compensation for										.50،1041		. 5.11	
	(A)								(B)			(C		
T. TT T	Name and business			777-		_		_	Description of s	ervices	Cor	mper	nsatio	n
TALL.		D D 14 1 14 1 14 1 15 15 15 15 15 15 15 15 15 15 15 15 1	Λ.Τ	/ L:N	<b> T</b>	· ·		- 1	10: A C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

WHITING-TURNER, ALEXANDRIA, VA 22304 761,125. CONSTRUCTION GENUINE FOODS STUDENT FOOD 228 PARK AVE. SOUTH, NEW YORK, NY 10003 SERVICES 172,266. NEWMAN ARCHITECTS, 1054 31ST STREET NW, CONSTRUCTION PROJECT SUITE 140, WASHINGTON, DC 20007 MANAGEMENT 164,053. DC PUBLIC CHARTER SCHOOL BOARD, 3333 14TH STREET NW, #210, WASHINGTON, DC 20010 AUTHORIZER FEE 131,743. ELSIE WHITLOW STOKES COMMUNITY FREEDOM STUDENT FOOD SERVICES 124,395. PCS, 3700 OAKVIEW TERRACE, NE, WASHINGTON, Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations ..... 1d 2,720,892 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 60,013 1f 2,000. g Noncash contributions included in lines 1a-1f 2,780,905 h Total. Add lines 1a-1f **Business Code** 2 a PER PUPIL APPROPRIATIONS 10,168,702 Program Service Revenue 900099 10,168,702 b PER PUPIL FACILITY ALLOWANCE 900099 1,840,320 1,840,320 С f All other program service revenue 12,009,022 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 861 7b and sales expenses 861. c Gain or (loss) -861 -861. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a FORGIVEN ACCRUED INTEREST 900099 2,171 2,171. OTHER INCOME 900099 150 150. С d All other revenue ...... 2,321 e Total. Add lines 11a-11d 14,791,387 12,009,022 1,460. Total revenue. See instructions 12

032009 12-23-20

# 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).

36011	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	•			
Do i	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F20 272	452 206	72 740	2 220
	trustees, and key employees	530,373.	453,286.	73,748.	3,339
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C 447 040	F 401 700	014 070	40 440
7	Other salaries and wages	6,447,042.	5,491,722.	914,872.	40,448
8	Pension plan accruals and contributions (include	100 210	00 001	15 270	C70
	section 401(k) and 403(b) employer contributions)	108,310.	92,261.	15,370.	679 3,361
9	Other employee benefits	537,359.	456,229.	77,769.	3,301
10	Payroll taxes	591,569.	503,911.	83,947.	3,711
11	Fees for services (nonemployees):				
а	Management	107 746		107 746	
b	Legal	107,746.		107,746.	
С	Accounting	150,916.		150,916.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	204 775	162 016	100 050	
	column (A) amount, list line 11g expenses on Sch 0.)	284,775.	163,916.	120,859.	
12	Advertising and promotion	140 104	100 115	20 000	
13	Office expenses	140,124.	120,115.	20,009.	
14	Information technology				
15	Royalties	2 044 211	1,740,346.	201 046	12 010
16	Occupancy	2,044,211.	1,740,340.	291,046.	12,819
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	237,625.	203,692.	33,933.	
22	Depreciation, depletion, and amortization	54,422.	203,032.	54,422.	
23	Other expenses. Itemize expenses not covered	54,422		34,422	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) DIRECT STUDENT COSTS	1,081,697.	1,081,697.		
a b	RECRUITING	191,728.	163,733.	27,276.	719
D	ROU EQUIP LEASE AMORTIZ	77,139.	66,127.	11,012.	7 1 2
C	INTEREST AND AMORTIZATI	54,029.	46,314.	7,715.	
d		36,397.	40,314.	33,341.	3,056
	All other expenses	12,675,462.	10,583,349.	2,023,981.	68,132
25 26	Joint costs. Complete this line only if the organization	10,0,0,400.	10,000,040.	2,023,301.	00,132
20	reported in column (B) joint costs from a combined				
	* * * *				
	educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form <b>990</b> (2020

Form 990 (2020)

Part X | Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,420,480.	1	4,318,202.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			51,129.	3	253,891
	4	Accounts receivable, net			212,985.	4	78,015
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	rsons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ÿ	9	D			65,217.	9	118,105
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,613,616.			
	b	Less: accumulated depreciation	10b	2,449,405.	3,285,793.	10c	4,164,211
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	30,726,020		
	16	Total assets. Add lines 1 through 15 (must equ		I	8,035,604.	16	39,658,444
	17	Accounts payable and accrued expenses			828,810.	17	787,915
	18	Grants payable		18			
	19	Deferred revenue	9,880.	19	12,500		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela			3,261,565.	23	1,908,490
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	). Complete Part X			
		of Schedule D			4,147,895.	25	35,046,160.
	26	Total liabilities. Add lines 17 through 25			8,248,150.	26	37,755,065
"		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			-228,223.	27	1,868,355.
Ba	28	Net assets with donor restrictions			15,677.	28	35,024.
nu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		<b>—</b>	-212,546.	32	1,903,379.
	33	Total liabilities and net assets/fund balances		I	8,035,604.	33	39,658,444.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		14,79				
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,67				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,11				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-21	2,5	46.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,90	3,3	79.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a	X	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	<u> </u>		
			Form	990	(2020)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CREATIVE MINDS INTERNATIONAL PUBLIC **Employer identification number** Name of the organization CHARTER SCHOOL 27-5208674 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o						
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - <b>2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pi	ublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	t - <b>2019.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and <b>st</b>	t <b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s
					Sche	dule A (Form 990	or 990-EZ) 2020

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

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

500	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)					
		(=) 001C	(h) 0017	(-) 0010	(4) 0010	(=) 0000	(s) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
'	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")							
0						-		
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
2	Gross receipts from activities that							
3	are not an unrelated trade or bus-							
	inone under contion 512							
4	Tax revenues levied for the organ							
·	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		1		1			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
102	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
r	Unrelated business taxable income (less section 511 taxes) from businesses							
	onguired offer June 20, 1075							
						1		
	Add lines 10a and 10b  Net income from unrelated business							
• •	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.	
		•		•		. , . ,		
Se	ction C. Computation of Publi							
15	Public support percentage for 2020 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%	
	Public support percentage from 2019					16	%	
Se	ction D. Computation of Inves	tment Incom	e Percentage					
17	. •					17	%	
18	Investment income percentage from 2					18	%	
19a	33 1/3% support tests - 2020. If the						17 is not	
	more than 33 1/3%, check this box ar							
k	33 1/3% support tests - 2019. If the							
20	line 18 is not more than 33 1/3%, che							
<b>U</b>	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

032023 01-25-21

# 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3c		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
0.5		
9c		
10a		
10h		
10b n 990 or 99	0-EZ	2020

# Section B. Type I Supporting Organizations

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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization 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 Supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

Yes No

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

## Section D. All Type III Supporting Organizations

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

# 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 yea(see instructions).
  - a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c 🔲 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

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

Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3

2a

2b

За

Yes No

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		· ·		Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	Э				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 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-2020	ns	(iii) Distributable Amount for 2020		
_1_	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
d	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

## CREATIVE MINDS INTERNATIONAL PUBLIC

Schedule A (Form 990 or 990-EZ) 2020 CHARTER SCHOOL 27-5208674 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL

Employer identification number

27-5208674

Organization type (check one):							
Filers of:	Section:						
Form 990 or 99	0-EZ X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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							
section any or	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 or 990-EZ), 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.							
year, c is chec purpos	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).							

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
CREATIVE MINDS INTERNATIONAL PUBLIC
CHARTER SCHOOL

Employer identification number

27-5208674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$15,784.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$	Person X Payroll				
(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)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	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)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
CREATIVE MINDS INTERNATIONAL PUBLIC
CHARTER SCHOOL

Employer identification number

27-5208674

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II II additional space is needed.	1
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	20		990 990-F7 or 99

Name of organization
CREATIVE MINDS INTERNATIONAL PUBLIC
CHARTER SCHOOL

Part III Exclusively religious, charitable, etc., contributions to organization any one contributor. Complete columns (a) through (e) and

Employer identification number

27-5208674

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)			01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for th	pe year. (Enter this info. once.) \$			
(a) No	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	t l	(d) Description of how gift is held			
Part I	(2) 1 3.1 pool of g	(5, 555 5. 9	-	(a, z cccpue e. ne ge.e.			
		(e) Transfer	of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
		-					
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held			
raiti							
			<del></del>				
H							
		(e) Transfer	of gift				
L	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
		_					
(a) No. from	(b) Durage of wift	(a) Has of wife		(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	١	(d) Description of how gift is held			
		(e) Transfer	of gift				
	(e) transier of gift						
	Transferee's name, address, ar	nd 7IP + 4	Re	elationship of transferor to transferee			
	Transfer of Transe, adar 500, an	10211		nationally of transfer to transfer to			
		-					
		-					
		-					
(a) No.			Т				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held			
Part I							
L							
		(e) Transfer	of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL

**Employer identification number** 27-5208674

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin						
	, , ,	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
			Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year				
•			E-)(4)(D)(2)				
8	Does each conservation easement reported on line 2(d) above						
0	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	-					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.						
Pai		f Art. Historical Treasures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works				
	, .	, .					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95						
_	art, historical treasures, or other similar assets held for public	-					
	provide the following amounts relating to these items:	,,	,				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treations						
	the following amounts required to be reported under FASB A	,	<b>~</b>				
а	Revenue included on Form 990, Part VIII, line 1	_	> \$				
	Assets included in Form 990, Part X						

032051 12-01-20

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

Schedule D (Form 990) 2020

	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tı	reasures,	or Other	Similar A	ssets(cc	ntinue	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	at make sig	nificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🖳	Loan or exc	change progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	ney further	the organizat	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	ner similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?			Ye	s	No_
Pai	reported an amount on Form 990, Par		ete if the	organization	on answered	"Yes" on F	orm 990, Par	t IV, line 9	, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	ssets not ir	ncluded			
	on Form 990, Part X?							· 🔲 Ye	s	O No
b	If "Yes," explain the arrangement in Part XIII a									
								Amo	ount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							. Ye	s	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on F	<del></del>		).			
	<u> </u>	(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	<b>i)</b> Three years b	ack (e)	our ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	_%								
С	Term endowment 9	6								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organization	ı	_	
	by:								Y	es No
	(i) Unrelated organizations							3a	ı(i)	
	(ii) Related organizations							3a	(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?	?			3	b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a.	See Form 990	0, Part X, li	ne 10.			
	Description of property	(a) Cost or obasis (investr			t or other (other)		cumulated eciation	(d) E	Book v	/alue
1a	Land									
	Buildings									
	Leasehold improvements				1,091.		51,312.	3,		,779.
d	Equipment				8,298.		12,879.			,419.
e	Other			68	34,227.	2	85,214.			,013.
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)			4,1	L64	,211.

Schedule D (Form 990) 2020

(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (F) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9) (9) Part IXI Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶    Part VIIII   Investments - Program Related.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶    Part IX
(A) (B) (C) (C) (D) (E) (F) (G) (H) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H
(B) (C) (C) (D) (E) (E) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F
(C) (D) (E) (F) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F
(D) (E) (G) (G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶    Part Viii   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7)   Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-ye
(E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (d) Book value (d) OPERATING LEASE RIGHT-OF-USE ASSETS (d) Assets (d) Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (d) OPERATING LEASE RIGHT-OF-USE ASSETS (d) Assets (d) Complete If the Organization Assets (d) Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (d) Complete IV Complet
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (2) FINANCE LEASE RIGHT-OF-USE ASSETS (30, 461, 738. (2) FINANCE LEASE RIGHT-OF-USE ASSETS (30, 461, 738. (3) (4) (5) (6) (7)
(G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (2) FINANCE LEASE RIGHT-OF-USE ASSETS (30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS (30, 461, 738.  (3)  (4)  (5)  (6)  (7)
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30 , 461 , 738 . (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264 , 282 . (3)  (4)  (5)  (6)  (7)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS (2) FINANCE LEASE RIGHT-OF-USE ASSETS (3)  (4)  (5)  (6)  (7)
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Fart IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OPERATING LEASE RIGHT-OF-USE ASSETS (2) FINANCE LEASE RIGHT-OF-USE ASSETS (3) (4) (5) (6) (7)
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738. (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282. (3) (4) (5) (6) (7)
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738. (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282. (3) (4) (5) (6) (7)
(3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282.  (3) (4) (5) (6) (7)
(4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282.  (3) (4) (5) (6) (7)
(5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282.  (3) (4) (5) (6) (7)
(6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282.  (3) (4) (5) (6) (7)
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS  (2) FINANCE LEASE RIGHT-OF-USE ASSETS  (3) (4) (5) (6) (7)
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30,461,738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264,282.  (3)  (4)  (5)  (6)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30, 461, 738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264, 282.  (3)  (4)  (5)  (6)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS (2) FINANCE LEASE RIGHT-OF-USE ASSETS (3) (4) (5) (6) (7)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OPERATING LEASE RIGHT-OF-USE ASSETS 30,461,738.  (2) FINANCE LEASE RIGHT-OF-USE ASSETS 264,282.  (3)  (4)  (5)  (6)  (7)
(a) Description       (b) Book value         (1) OPERATING LEASE RIGHT-OF-USE ASSETS       30,461,738.         (2) FINANCE LEASE RIGHT-OF-USE ASSETS       264,282.         (3)       (4)         (5)       (6)         (7)       (7)
(1) OPERATING LEASE RIGHT-OF-USE ASSETS (2) FINANCE LEASE RIGHT-OF-USE ASSETS (3) (4) (5) (6) (7)
(2) FINANCE LEASE RIGHT-OF-USE ASSETS (3) (4) (5) (6) (7)
(3) (4) (5) (6) (7)
(4) (5) (6) (7)
(5) (6) (7)
(6) (7)
(7)
(5)
(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)
Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability (b) Book value
(1) Federal income taxes
(2) OPERATING LEASE LIABILITY 34,776,592.
(3) FINANCE LEASE LIABILITY 269,568.
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 35,046,160.

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... X

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per F	Returi	ո.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,915,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities		123,712.	<u>.</u>	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	123,712.
3	Subtract line 2e from line 1			3	14,791,387.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,791,387.
Pai	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				40 500 454
1	Total expenses and losses per audited financial statements			1	12,799,174.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		400 540		
а	Donated services and use of facilities		123,712.	4	
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)				100 510
е	Add lines 2a through 2d			<b>2</b> e	123,712.
3	Subtract line 2e from line 1			3	12,675,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		_	
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	)		5	12,675,462.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Parl	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
D 7 T	NA V TIME O				
PAF	RT X, LINE 2:				
miii	a couloot bei terreo milam im ilac abboobtam	in Giiddon	m non 33337	m 3 37	DOCUMENTO
THE	E SCHOOL BELIEVES THAT IT HAS APPROPRIAT	E SUPPOR	T FOR ANY	TAX	POSITIONS
m 2 t	ZENI AND AG GUGU DOEG NOW HAVE ANY HAGE		M DOCUMEON	T (7 m	
TAI	KEN, AND AS SUCH, DOES NOT HAVE ANY UNCE	RTAIN TA	X POSITION	12 I	HAT AKE
M( 7) (1	DEDIXI MO MUE EINXNOIXI CMXMEMENMO OD MU	IAM WOIII D	\ UX\\\ X\\ E		CM ON TMC
MA	TERIAL TO THE FINANCIAL STATEMENTS OR TH	IAT WOOLL	HAVE AN E	rrr	CT ON ITS
m 2 2	Z EVENDO COMUNIC OUTEDE ADE NO UNDECOCNIZ	י עגש חשי	EMERTAC OF	. тт	ADTI TMTEC
TAZ	K-EXEMPT STATUS. THERE ARE NO UNRECOGNIZ	ED TAX E	SENEFITS OF	( ГТ	ABILITIES
mtt 7	AM NEED MO DE DECODDED				
ТПР	AT NEED TO BE RECORDED.				

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number  $27-5\,20\,8\,6\,7\,4$ 

			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		37	
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
1	Does the organization maintain the following?		v	
a	7, 7,	4a	X	$\vdash$
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Α.	$\vdash$
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		<b>₩</b>	
	with student admissions, programs, and scholarships?	4c	X	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Σ
b	Admissions policies?	5b		2
С	Employment of faculty or administrative staff?	5с		2
	Scholarships or other financial assistance?	5d		_2
	Educational policies?	5e		_2
f	Use of facilities?	5f		2
g	Athletic programs?	5g		2
h	Other extracurricular activities?	5h		2
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		- 2
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) 2020

<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE SCHOOL HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED
THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE
RECORDED RELATED TO ANY UNCERTAIN TAX POSITIONS TAKEN ON
RETURNS FILED FOR OPEN TAX YEARS (2018-2020), OR EXPECTED TO
BE TAKEN IN ITS 2020 INFORMATION RETURN. THE SCHOOL IS NOT
AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A
REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS
WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
SCHOOL RECEIPTS FROM GOVERNMENTAL AGENCIES
-OTHER GOVERNMENT GRANTS: \$1,418,015
-PPP LOAN FORGIVENESS: \$1,302,877
FORM 990, SCHEDULE E
AS A PUBLIC CHARTER SCHOOL, CREATIVE MINDS IS EXEMPT FROM REVENUE
PROCEDURE 75-50.

# 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.

► Attach to Form 990.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL

Open to Public Inspection

Employer identification number

Schedule J (Form 990) 2020

27-5208674

OMB No. 1545-0047

**Questions Regarding Compensation** Part I No Yes 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 explain \_\_\_\_\_ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: X a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X **b** Any related organization? 6b 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 Х 7 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

032111 12-07-20

Regulations section 53.4958-6(c)?

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

# CREATIVE MINDS INTERNATIONAL PUBLIC

27-5208674

CHARTER SCHOOL

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

Page 2

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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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	(C)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) CHARLES JACKSON	(i)	188,288.	0	0	0	14,941.	203,229.	0
CUTIVE DIRECTOR	€	0	0			0		
(2) CRAIG BEDNAROVSKY	€	137,618.	5,000.		4,37	12,467.	159,46	0
CHIEF OPERATING OFFICER	€	0	0	0	0	0	0	0
	<u>(i)</u>							
)	(ii)							
	≘ €							
	3							
-	€							
	9							
3	€							
	(E							
	⊞							
	(i)							
	(ii)							
	(i)							
)	(ii)							
	(i)							
	(ii)							
	<u> </u>							
	<u>(ii)</u>							
	Ξ							
	(ii)							
	Ξ							
)	(ii)							
	<u>(</u>							
	<u>(ii)</u>							
	Ξ							
	<u>(iii</u>							
	Ξ							
	≘							
				C			Schedu	Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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. Part III Supplemental Information

PART I, LINE 3:
THE BOARD REVIEWS A COMPENSATION SURVEY OF SIMILAR SCHOOLS IN THE AREA WHEN
MAKING A DECISION ABOUT THE EXECUTIVE DIRECTOR COMPENSATION.
PART I, LINE 7:
BONUSES ARE MERIT BASED AND DETERMINED BY THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2020

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Name of the organization

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL

**Employer identification number** 27-5208674

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTICIPATION IN A GLOBAL SOCIETY.

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

THE BOARD WAS PROVIDED WITH DRAFT VERSION OF THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO ITS FINAL SUBMISSION.

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

ALL DIRECTORS AND SCHOOL LEADERS RECEIVED, REVIEWED, AND SIGNED A CONFLICT OF INTEREST FORM STATING THAT THEY WILL COMPLY WITH THE RULES SET FORTH IN THE BOARD AGREEMENT PERTAINING TO COMMUNICATION AND DISCLOSING INFORMATION THAT MAY CAUSE ANY CONFLICTS OF INTEREST.

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

THE BOARD OF TRUSTEES PERFORMS A THOROUGH PERFORMANCE EVALUATION USING DATA FROM A THIRD PARTY SALARY SURVEY/ANALYSIS CONTAINING SALARY INFORMATION ON PEER EXECUTIVE DIRECTOR SALARIES FROM THE DC CHARTER SECTOR. BASED UPON THE BOARD SETS PERFORMANCE GOALS AND COMPENSATION LEVELS THIS INFORMATION, FOR THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND ANY OTHER SCHOOL LEADERSHIP THIS COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR AND OTHER OFFICERS WAS LAST PERFORMED IN AUGUST 2021.

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

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE THE GENERAL PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL	Employer identification number 27-5208674
FORM 990, PART XII, LINE 2C:	
THESE PROCESSES HAVE NOT CHANGED SINCE THE PREVIOUS YEAR.	