Form **990-EZ**

CHANGE OF ACCOUNTING PERIOD Short Form

Return of Organization Exempt From Income Tax

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

2019

OMB No 1545 0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 1

Open to Public Inspection

_		· · · · · · · · · · · · · · · · · · ·					
Α	For the 2019 calen	dar year, or tax year beginning	1/01	, 2019, and ending	7/31	, 2	020
В	Check if applicable C					D Employer ident	ification number
Ц	Address change	CUDDECETON CUDICETAN C	CHOOL HOUNDA	TTON			
Ц	65	SURRECTION CHRISTIAN S 02 EAST CROSSROADS BLV		TION		20-7083 E Telephone num	
Ц	ILC	VELAND, CO 80538	υ.			- '	
Н	rinai return/terminated	, 22 mz, 30 00000			^ ^	970-667	<u>-1610</u>
\vdash	Amended return				1)3	F Group Exem	ption
_	Application pending	Electric Electric				Number	<u> </u>
G	Accounting Method	[]	;pecity) ►				janization is not
١.		. RCSCHOOL . ORG	() a(incort ac) [ed to attach Sch 990, 990-EZ, o	
	Tax-exempt status (checl		() ∢ (insert no) [4947(a)(1) or 527	(1 01111		
K	Form of organization	Corporation X Trust	Association	Other			
L	Add lines 5b, 6c, a	nd 7b to line 9 to determine gross i	eceipts If gross reco	eipts are \$200,000 or	more, or if		_
_		ımn (B)) are \$500,000 or more, file				▶\$	56,252.
Pa		Expenses, and Changes in			the inst	ructions for l	
		organization used Schedule O to re		on in this Part I			X
		, gifts, grants, and similar amounts				1	55,602.
	ŭ	rice revenue including government	ees and contracts			2	
	•	dues and assessments				3	
	4 Investment in			1 1		4	<u>650.</u>
		t from sale of assets other than inv	entory	a			
	b Less cost or	other basis and sales expenses		5 b			
		m sale of assets other than inventory (subtra	act line 5b from line 5a)			5 c	
4	-	fundraising events					
Revenue		from gaming (attach Schedule G		· ————			
/er		from fundraising events (not inclu		of contribu	tions		
³e∖	from fundrais	ing events reported on line 1) (atta income and contributions exceeds	ch Schedule G if the	sum 6 b			
_		xpenses from gaming and fundrais		6 c	22 1	70	
	_		-	L 1	22,1	79.	
	d Net incomesor	កម្រិនទំ <u>ាប់rom gáming an</u> d fundraisir	ig events (add lines i	6a and		6 d	22 170
ı	7 a Gross sales o	New Seank - USB f inventory, less returns and allowa	inces	7a			-22,179.
	b Less cost of	noods sold	11003	7 b			
		ကြီ(ပြင်နှာ) from ရှိချိန်နေ of inventory (su	htract line 7h from lii			7 c	
		e (describe in Schedule O)	3.1.dot 111.0 7.5 11.0117 111			8	-
		Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8			► 9 · · ·	34,073.
		milar amounts paid (list in Schedul		SEE SCHEDU	JLE O	10	104,068.
		to or for members	<i>-</i> /		-	11	104,008.
	,	er compensation, and employee ber	nefits			12	
ي		ees and other payments to independent				13	
Se		ent, utilities, and maintenance	ident contractors			14	
Expenses	· ·	ications, postage, and shipping				15	
ŭ		es (describe in Schedule O)		SEE SCHEDU	JLE O	16	17 162
	•	es. Add lines 10 through 16				► 17	17,163. 121,231.
		ficit) for the year (subtract line 17	rom line 9)			18	-87, 158.
ध्र				(A))			-01,130.
SSE	19 Net assets or figure reporte	fund balances at beginning of year d on prior year's return)	(from line 27, colum	nn (A)) (must agree w	ith end-of-y	/ear 19	252 702
Net Assets	- '	s in net assets or fund balances (e.	xplain in Schedule C))		20	353,783.
ž	=	fund balances at end of year Com	•	•		► 21	266 625
		eduction Act Notice, see the separ					266, 625. orm 990-EZ (2019)

Forn	990-EZ (2019) RESURRECTION CH	RISTIAN SCHOOL FOU	UNDATION		20	-708	33543 Page 2
Par	Balance Sheets (see the inst	tructions for Part II)					
		and the respond to diff qu	iootion in this i dit ii	(A) Beginning o	f yea	ar	(B) End of year
22	Cash, savings, and investments			353,7	83	. 22	266,625.
23	Land and buildings					23	
24 25	Other assets (describe in Schedule O) Total assets					24	
26	Total liabilities (describe in Schedule O))		353,7		25	<u>266,625.</u>
27	Net assets or fund balances (line 27 of		line 21)	353,7	<u>0</u>		<u>0.</u> 266,625.
Par	t III Statement of Program Service Ad	complishments (see the inst	tructions for Part III)				Expenses
-	Check if the organization used Sc	hedule O to respond to any o	question in this Part	III.	X	(Real	uired for section 501
What	s the organization's primary exempt purpose? SEE	SCHEDULE O					and 501(c)(4)
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	gram services, as imber of persons			nizations, optional hers)
28	SEE SCHEDULE O	ach program title					
20	SEE SCHEDOFE O						
				·		1	
	(Grants \$ 104,068.) If th	is amount includes foreign g	rants, check here	·	П	28 a	119,871.
29				·			
					_]		
	(Grants \$) If th	s amount includes foreign g	ranta abady basa		$\overline{}$	20 -	
30	(Grants 5) II (II	is amount includes foreign g	rants, check here		Щ	29 a	·····
-				· 			
				· 	-1		
		is amount includes foreign g	rants, check here	-		30 a	
31	Other program services (describe in Sch						
22	(Grants \$) If the Total program service expenses (add lin	is amount includes foreign gi	rants, check here			31 a	
	t IV List of Officers, Directors,		Jovens (list each one	aven if not companyated		32	119,871.
(ai	Check if the organization used Sci				1 26	e ille li	iisti uctions for Part IV)
		(b) Average hours per	(c) Reportable compensa	tion (d) Health be			(e) Estimated amount of
	(a) Name and tille	week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	' honofit alone on	d defe		other compensation
RYA	N COSNER						· · · · · · · · · · · · · · · · · · ·
	SIDENT	2		0.		0.	0.
	LI ROGERS						<u> </u>
	E PRESIDENT	2		0.		0.	<u> </u>
	DY MCBLAIR RETARY	2		_			0
	D GOINGS			0.		0.	0.
	ASURER	2		0.		0.	0.
KEN	NETH COOK						<u></u>
	STEE	1		0.		0.	0.
ANG	IE_CARRIKER						•
	STEE ARA ELLIS	1		0.		0.	0.
	STEE	1		o.		0.	0.
	ERON RUTZ						<u>~.</u>
	STEE	1		0.		0.	0
						\rightarrow	· -
			·			-+	
	·						
BAA		TEEA0812L 0	8/23/19		_		Form 990-F7 (2019)

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Forn	n 990 EZ (2019) RESURRECTION CHRISTIAN SCHOOL FOUNDATION 20-708354	3	U F	⊃age
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	SEE :	SCH	٥
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule Ó Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	1	X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		 ``
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
t	olf 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	amount involved amount involved 38b	-		
30	amount involved Section 501(c)(7) organizations Enter	1	١.	1 "
			'	
	· ·	ļ		'
	o Gross receipts, included on line 9, for public use of club facilities 0.	-]	1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		١,	'
	section 4911 ► 0., section 4912 ► 0.			1
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	<u> </u>		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		7	
			-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	1	, •	
	<u></u>	<u> </u>	ļ	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
	List the states with which a copy of this return is filed NONE		l	
42 a	The organization's books are in care of BRAD GOINGS Located at 6502 E. CROSSROADS BLVD. LOVELAND CO Telephone no 970-59 ZIP + 4 80538			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country ▶			
				3
		.	1	١,
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<u>-</u> -	
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
	If 'Yes,' enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ļ	• []	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
h	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	778		<u> </u>
D	instead of Form 990-EZ	44 b	~t	X
С	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
_	If 'No,' provide an explanation in Schedule O	44 d		

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45 a

45 b

Form	990-EZ (2019) RESURRECTION CH	DICTING CCHOOL FO	TINID A TO TONI	00 70	33540
- 01111	· RESURRECTION CH	RISTIAN SCHOOL FO	UNDATION	20-708	
46	Did the organization engage, directly or candidates for public office? If 'Yes,' cor	indirectly, in political campa mplete Schedule C, Part I	aign activities on behalf	of or in opposition to	Yes No 46 X
Part	Section 501(c)(3) Organiza All section 501(c)(3) organ for lines 50 and 51. Check if the organization used So	izations must answer			
	Officer if the organization used of	chedule o to respond to any	question in this Fait vi		
48 49 a l	Did the organization engage in lobbying act complete Schedule C, Part II is the organization a school as described bid the organization make any transfers	d in section 170(b)(1)(A)(ii) to an exempt non-charitabl	? If 'Yes,' complete Sche	•	Yes No 47
50	If 'Yes,' was the related organization a s Complete this table for the organization's fi employees) who each received more than \$	ve highest compensated empl	oyees (other than officers, n the organization If there	directors, trustees, and k	49 b
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE	<u> </u>				
				_	
		· -			
		. — -			
5 1 (Fotal number of other employees paid or Complete this table for the organization's fir compensation from the organization. If the	ve highest compensated indep	pendent contractors who ea	ach received more than \$	100,000 of
	(a) Name and business address of each indepe	ndent contractor	(b) Type	of service	(c) Compensation
NONE	<u> </u>		-		
			-		
			-		
					
d∃	otal number of other independent contra	actors each receiving over \$	\$100,000		
	Old the organization complete Schedule completed Schedule A	A? Note: All section 501(c)	(3) organizations must a	ttach a	► X Yes No
Under pe Irue cori	enalties of perjury, I declare that I have examined this rect, and complete. Declaration preparer (other than	return, including accompanying sche n officer) is based on all information	edules and statements, and to the of which preparer has any knowle	e best of my knowledge and bei ledge	ief, it is
Sign	Signature of officer			Date 77 -5	-2.00
Here	BRAD GOINGS Type or print name and title			TREASURER	
Paid	Print/Type preparer's name PHILIP C. KEMBEL	PHILIP C. KEMI	PA Date CI(2/2)	Check L If	^{חוז} 00387751
Prepar	·	O. CPA			07 1400075
Use Oi	nly Firm's address ► 1638 E. 18TH LOVELAND, CO	STREET 80538			<u>27-1488378</u> 0) 635-1823

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

BAA

► X Yes No

Form **990-EZ** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2019

Open(o Public Inspection

Employer identification number

				SCHOOL FOUNDAT				20-708354	
								s part.) See instruc	tions.
The	orga			,	For lines 1 through 12,		•	•	
1	Ш				hurches described in sec			(1).	
2	Ш	A school describ	ped in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))	り	
3	Ш			•	ization described in se			, ,	
4		A medical rese	arch organiza	tion operated in conju	unction with a hospital	describe	d in se	ction 1 70(b)(1)(A)(iii) E	nter the hospital's
		name, city, and	d state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization in section 170	that normally r (b)(1)(A)(vi). (eceives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pub	olic described
8	Ш	A community to	rust described	ın section 170(b)(1)(A)(vi). (Complete Part	II)			
9								on with a land-grant colle	
			a non-land-grai	nt college of agriculture	(see instructions) Ente	r the nan	ne, city,	and state of the college of	or
		university		-			. .		
10	Ц	from activities investment inc	related to its e ome and unre	exempt functions—sub	oject to certain exception in the come (less section)	ons, and	(2) no	, membership fees, and omore than 33-1/3% of its usinesses acquired by t	s support from gross
11		An organization	n organized ar	nd operated exclusive	ly to test for public saf	ety See	section	n 509(a)(4).	
12	X	or more publicl	v supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) outporting organization	or section	n 509(a	ctions of, or to carry ou (2). See section 509(a)	t the purposes of one (3). Check the box in
а		Type I. A suppor	rting organization	on operated, supervised	d, or controlled by its sur	oported o	rganizat	ion(s), typically by giving the supporting organization	the supported on You must
b		Type II. A supp	orting organiz	ation supervised or coorganization vested in				ed organization(s), by l the supported organizati	
С		Type III function	•		ion operated in connection	n with, ai	nd function	onally integrated with, its	supported
đ	[I	Type III non-fun functionally into	ctionally integi	rated. A supporting org	anization operated in cor must satisfy a distribu	nnection Ition real	with its s	supported organization(s) t and an attentiveness	that is not
е	П	•		•	s A and D, ánd Part V. en determination from t		that it is	a Type I, Type II, Type	III functionally
	ш	integrated, or T	ype III non-fu	nctionally integrated	supporting organization	1		а турст, турст, турс	- In farical original y
f	En	ter the number	of supported of	organizations					1
g	Pro	ovide the follow	ing information	n about the supported	d organization(s)				
•	(ı) Na	me of supported org	anızatıon	(n) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
	RE	SURRECTION	CHRISTI	AN SCHOOL					
(A)				84-1466285	2			175,920.	0.
				01 2100200				270,3201	
(B)									
<u> , </u>				_					
(C)									
(D)									
(E)									
Γotal								175 920	0

	edule A (Form 990 or 990-EZ) 20		TION CHRIS	TIAN SCHOOL	FOUNDATION	20-708354	13 / Page 2	
Pa	Complete only if you checked organization fails to qualify	Organizations the box on line 5.	Described in 7. or 8 of Part I or	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)	
Sec	tion A. Public Support			,				
	ndar year (or fiscal year inning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	_						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
	Public support. Subtract line 5 from line 4				,			
Sec	tion B. Total Support		, -			,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4			7				
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 activ	rities, etc (see ins	structions)			12		
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth	tax year as a section	n 501(c)(3)	▶ 🗌	
	tion C. Computation of Pul							
	Public support percentage for 20			ne 11, column (f))	•	14	%	
	Public support percentage from 2					15	%	
	a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							
b	b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and/if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Par ed organization	t VI how the ▶ □	
	rivate loundation. If the organiz		CN A DUX ON TINE				لــا	
BAA	/				Sch	iedule A (Form 9	90 or 990-EZ) 2019	

Rai	Complete only if you che	ecked the box on li	ine 10 of Part I or	r if the organization	9(a)(2) on failed to qualify	under Part II If t	ne organization
Sec	fails to qualify under the totion A. Public Support	ests listed below,	please complete	Part II)			/
	ndar year (or fiscal year beginning in)	(a) 2015	(h) 2016	(-) 2017	1 1 2010		/
1		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6)	4		2		Total St.	
	tion B. Total Support	1 110015		1	1		
	idar year (or fiscal year beginning in) > Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
_	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)						,
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	▶ [
	tion C. Computation of Pu					- 11	
	Public support percentage for 20		•	ne 13, column (f))	15	%
_	Public support percentage from					16	06
	tion D. Computation of Inv				(6)	1.7	0.
	Investment income percentage f Investment income percentage f		• • •	•	umn (t))	17	90
	33-1/3% support tests-2019. If	the organization d	id not check the I	oox on line 14, an	id line 15 is more	than 33-1/3%, and	line 17
ь 20	Is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1	<u>x</u> , .	
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)	2	, · .	X
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		i
ı	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	3b	<u>-`</u>	
•	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	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
1	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	; 4b		
•	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	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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)		* ·	X
i	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?	 5b		5.1
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		X
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)	<u>.</u> 7	t.	X
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)	8		X
98	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	9a		X
ı	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	9b		X
•	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	9c		X
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)? If 'Yes,' answer 10b below	 10a		X
ŀ	o 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)	 10ь		

Pa	rt IV. Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		*	
	b A family member of a person described in (a) above?	11a		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11b		X
	ction B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	,	
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		£,
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	*	لئنا
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	·]
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		X
Sec	ction E. Type III Functionally Integrated Supporting Organizations		·····	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test Complete line 2 below			
	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 government entity (see in	nstruct	ions)	
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
	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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	,	
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		لَّنَّـــ

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v 20, 1970 (explain in l t complete Sections A tl	Part VI) See prough E					
Sec	Section A – Adjusted Net Income (A) Prior Year								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3	157,077.						
4	Add lines 1 through 3	4	157,077.						
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	157,077.						
Sec	ction 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)	يد احج ع							
	Average monthly value of securities	1a							
	Average monthly cash balances	1b	310,204.						
	Fair market value of other non-exempt-use assets	1c		-					
	d Total (add lines 1a, 1b, and 1c)	1d	310,204.						
	e Discount claimed for blockage or other factors (explain in detail in Part VI)			The state of the s					
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d	3	310,204.						
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	310,204.						
6	Multiply line 5 by 035	6	10,857.						
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8	10,857.						
Sec	tion C — Distributable Amount	į.		Current Year					
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		157,077.					
2	Enter 85% of line 1	2		133,515.					
3		3		10,857.					
	Enter greater of line 2 or line 3	4	<u> </u>	133,515.					
5	Income tax imposed in prior year	5	,	0.					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		133,515.					
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions)	grated	Type III supporting orga	nization					
BAA			Schedule A (For	m 990 or 990-EZ) 2019					

Pai		pporting Organizat	ions (continued)	
Sec	tion D — Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purp	poses		104,068.
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			-
	Total annual distributions. Add lines 1 through 6			104,068.
8	Distributions to attentive supported organizations to which the organizatio in Part VI) See instructions	n is responsive (provide c	letails	
9	Distributable amount for 2019 from Section C, line 6	<u></u>		133,515.
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			133,515.
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
	From 2015			
с	From 2016			
d	From 2017			
	From 2018 115, 586.			
	Total of lines 3a through e	115,586.		.)
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			115,586.
i	Carryover from 2014 not applied (see instructions)			1
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		_	
4	Distributions for 2019 from Section D, line 7 \$ 104,068.			,
a	Applied to underdistributions of prior years			1
	Applied to 2019 distributable amount			17,929.
	Remainder Subtract lines 4a and 4b from 4	86,139.		<u>'</u>
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c	86,139.		j
	Breakdown of line 7			
а	Excess from 2015			
	Excess from 2016			
c	Excess from 2017			ı
d	Excess from 2018			,
е	Excess from 2019 86, 139.		**	

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

RESURRECTION CHRISTIAN SCHOOL FOUNDATION

20-7083543

FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME: DONEE'S ADDRESS: RESURRECTION CHRISTIAN SCHOOL

6502 EAST CROSSROADS BLVD. LOVELAND CO 80538

SCHOOL

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

\$ 104,068.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS CREDIT CARD FEES OFFICE EXPENSES

15,054. 749. ,360. TOTAL \$ 17,163.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPORT ORGANIZATION FOR RESURRECTION CHRISTIAN SCHOOL

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRANTS ARE PROVIDED TO RESURRECTION CHRISTIAN SCHOOL FOR USE AS STUDENT AWARDS, SCHOLARSHIPS, AND TEACHER BONUS AWARDS. THE FOUNDATION MAKES ALL DECISIONS AS TO THE DISTRIBUTION OF THE AWARDS AND SCHOLARSHIPS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO