

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2017
Open to Public Inspection

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.

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CEDAR RIVERSIDE COMMUNITY SCHOOL		D Employer identification number 41-1748473
	Doing business as		E Telephone number 612-339-5767
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,144,215.
	1610 S 6TH STREET	100	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55454-1102		F Name and address of principal officer: SONJA BERVEN SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CRCS-SCHOOL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CONNECT OUR STUDENTS TO THE WORLD BY MEANS OF A RIGOROUS, ACADEMIC PROGRAM WITH AN EMPHASIS ON		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	66
	6 Total number of volunteers (estimate if necessary)	6	140
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,142,809.	Current Year 3,120,192.
	9 Program service revenue (Part VIII, line 2g)	7,756.	18,332.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46.	1,743.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,883.	3,948.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,152,494.	3,144,215.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,443,836.	2,592,398.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,200.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		965,060.	1,085,265.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,408,896.	3,677,663.	
19 Revenue less expenses. Subtract line 18 from line 12	-256,402.	-533,448.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,077,437.	End of Year 3,490,773.
	21 Total liabilities (Part X, line 26)	2,165,740.	5,112,629.
	22 Net assets or fund balances. Subtract line 21 from line 20	-1,088,303.	-1,621,856.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	BERT STRASSBURG, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name THERESA GOETTE	Preparer's signature THERESA GOETTE	Date 05/14/19	Check if self-employed <input type="checkbox"/> PTIN P01062926
	Firm's name ▶ BERGANKDV, LTD.	Firm's EIN ▶ 41-1431613	Phone no. 952-563-6800	
Firm's address ▶ 3800 AMERICAN BLVD WEST, SUITE 1000		MINNEAPOLIS, MN 55431-4420		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Name of the organization

CEDAR RIVERSIDE COMMUNITY SCHOOL

Employer identification number

41-1748473

SCHOOL.

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AS PREPARED BY THE ORGANIZATION'S ACCOUNTANT PRIOR TO FILING. THE GOVERNING BOARD RECEIVES A PUBLIC DISCLOSURE COPY OF THE FORM 990 BEFORE IT IS FILED.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO COMPLETE A FORM EACH YEAR DISCLOSING ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

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

THE BOARD DETERMINES THE EXECUTIVE DIRECTOR'S AND ALL STAFF SALARIES BASED ON THE COMPARABLE CHARTER SCHOOL DATA. THE BENEFITS PACKAGE IS BASED ON WHAT ALL LICENSED STAFF RECEIVE WITH REGARDS TO HEALTH INSURANCE AND OTHER BENEFITS.

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

CEDAR RIVERSIDE COMMUNITY SCHOOL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

RELATED BOARD MEMBERS

PER MN STATUTE 124E.07, CHARTER SCHOOLS ARE REQUIRED TO HAVE A LICENSED TEACHER AS A MEMBER OF THE BOARD OF DIRECTORS.

SONJA BERVEN, MALCOLM CURRIE, MICHELLE JACOBS, KIA BRITAIN, ERICA

BENTLEY, ANNE WEBER, AND JENNIFER WEBER ARE BOARD MEMBERS BUT RECEIVE

Name of the organization CEDAR RIVERSIDE COMMUNITY SCHOOL	Employer identification number 41-1748473
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COMPENSATION FOR THEIR SERVICES AS TEACHERS.

FORM 990, PART X, LINE 25:

PENSION LIABILITIES, DEFERRED OUTFLOWS & INFLOWS PENSION:

AS A CHARTER SCHOOL IN THE STATE OF MINNESOTA, PARTICIPATION IN TWO MULTIPLE-EMPLOYER, COST-SHARING DEFINED BENEFIT PENSION PLANS IS STATUTORILY REQUIRED. THE SCHOOL'S CONTRIBUTIONS TO THE PLANS ARE ALSO REGULATED BY STATUTE AND ARE BASED ON A PERCENTAGE OF SALARIES AND WAGES EARNED BY CURRENT EMPLOYEES. THEREFORE, WHILE THE NET PENSION LIABILITY, DEFERRED OUTFLOWS AND INFLOWS, ARE REPORTED ON THE SCHOOL'S STATEMENT OF NET POSITION, THE SCHOOL IS NOT IN A POSITION TO DIRECTLY CONTROL THE LIABILITIES OR THE SUBSEQUENT LIQUIDATION OF THE LIABILITIES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FY17 NET PENSION LIABILITY CORRECTION	-105.
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CEDAR RIVERSIDE COMMUNITY SCHOOL	Employer identification number (EIN) or 41-1748473
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1610 S 6TH STREET, NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55454-1102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BERGANKDV

• The books are in the care of ▶ **22488 CHIPPENDALE AVE - FARMINGTON, MN 55024**
Telephone No. ▶ **651-463-2233** Fax No. ▶ **651-463-3605**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.