Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Chook of application Direct Power for generation Direct P	Α	For the	e 2017 ca	lendar year, or tax yea	r beginning	7/1/2017	, and e	ending	6/3	30/2018	-	
Number or diverged more for Processing and the processing of the processing and the pr	В	Check if a	applicable:	C Name of organization	Pikes Peak S	chool of Expeditionary Le	earning		D Employe	r identifi	cation number	
Name changes 11925 Antlers Ridge Road E Teleprone number Third return changes		Address	change									
Initial return First Annahemators Core of the Control of Core of the Co	П	Nama ch	ango	,		delivered to street address)	Room/suite		84-149994	9		
First industrial content of the power in the power of individuals employed in calendar year 2017 (Part V, line 2a). Football unrelated business rayable income from Form 990-T, line 34.	브	ivanie ch	ange		Road				E Telephon	e numbe	r	
Free faunt termand Face Free	Ш	Initial retu	ırn						(719) 522-	2580		
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Application pending	\equiv			Foreign country name	Foreign	province/state/county	Foreign posta	l code	•		0.000.400	
Tax-exempt status:	Ш	Amended	return						G Gross red	ceipts \$	3,382,160	
Tancescengel status:		Application	on pending	F Name and address of p	rincipal officer:			H(a) Is thi	s a group return	for subord	finates? Yes X No	
Tancescengel status:				Don C Knapp 11925	Antlers Ridge F	oad, Falcon, CO 808	31	H(b) Are	all subordina	tes includ	ed? Yes No	
Website:		Γav₋evem	int etatue:					If "I	No," attach a l	ist. (see ir	nstructions)	
Part Summary Summary Summary Provide education for students in Pre-K Summary Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefitting approximately 365 students. Provide education for students in Pre-K Intrough 8th grade, benefits able to a few powering body (Part VI, line 1a). 3 3 7 4 March 9th 9th 9th 9th 9th 9th 9th 9th 9th 9t					(6) ((III3611110.) 4047(d)	(1) 01 327	٠				
Part Summary								H(C) Gro	up exemption	number		
Print Pri	K	orm of o	rganization:	X Corporation	Trust Associa	tion Other >	L Ye	ar of forma	tion: 1999	MS	tate of legal domicile: CO	
Through 8th grade, benefitting approximately 365 students. Check this box	F	art I	Sui	mmary								
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 6 6 6 6 6 6 6 6		1	Briefly d	escribe the organizati	on's mission or	most significant activit	ies: Prov	ide educ	cation for s	tudents	s in Pre-K	
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 6 6 6 6 6 6 6 6	ဥ		through	8th grade, benefitting	approximately 3	365 students.						
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 6 6 6 6 6 6 6 6	nai											
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 6 6 6 6 6 6 6 6	Š	2	Check th	nis box ▶ if the o	organization dis	continued its operation	s or disposed	of more	than 25%	of its n	et assets.	
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 6 6 6 6 6 6 6 6	Ĝ				-					1 1	_	
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B Net unrelated business taxable income from Form 990-T, line 34 Tb O	<u>₹</u>											
B Net unrelated business taxable income from Form 990-T, line 34 Tb O	ç											
8 Contributions and grants (Part VIII, line 1h). 142,290 147,406 9 Program service revenue (Part VIII, line 2g). 3,045,863 3,208,585 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 5,765 2,802 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 9,337 14,433 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,753,396 1,830,708 16a Professional fundraising fees (Part IX, column (A), line 1e). 0 0 0 15 Total fundraising expenses (Part IX, column (A), line 11e). 0 0 0 16 Total fundraising expenses (Part IX, column (A), line 11e). 0 0 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 2,485,432 2,998,669 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 4,238,828 4,829,377 19 Revenue less expenses. Subtract line 18 from line 12 1,035,573 1,456,151 18 Total assets (Part X, line 16). 7,990,235 9,839,618 19 Total liabilities (Part X, line 26). 7,990,235 9,839,618 20 Total assets (Part X, line 26). 7,990,235 9,839,618 21 Total liabilities (Part X, line 26). 7,990,235 9,839,618 22 Net assets or fund balances. Subtract line 21 from line 20 -2,667,498 -4,309,352 Part II Signature Block Paid Preparer Use Ponly Print/Type preparer's name	_											
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	Ma	v the IF										

Form 99	90 (2017)	Pikes Peak School of Expeditionary Learning	84-1499949	Page 2
Par	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission:		
		adjustion for students in Dra K through 9th grade, handitting approximately 265		
	students			
	22222222			
2	Did the d	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.	100	<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
3		?	Yes	X No
		describe these changes on Schedule O.	165	NO
4		e the organization's program service accomplishments for each of its three largest program services		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed and appropriate the second and appropriate the sec	ocations to others	,
	the total	expenses, and revenue, if any, for each program service reported.		
	, <u> </u>			
4a	(Code:) (Expenses \$ 3,659,208 including grants of \$) (Revenu	e \$ 3,208	3,585)
	Provide	education for students in Pre K through 8th grade, benefitting approximately 394 students.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	e\$)
-10	(Codo:	\/Fyrances f including grants of f \/Payany	o	```
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	е \$)
4d	Other pr	ogram services. (Describe in Schedule O.)		
	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total pro	ogram service expenses ► 3,659,208		

Form 990 (2017) Pikes Peak School of Expeditionary Learning 84-1499949 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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. 5 Χ 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 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Χ 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 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ 11c **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." 12b and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Х Χ 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Χ 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II..............

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Part IV Checklist of Required Schedules (continued) Yes No 20a Χ **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 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24<u>c</u> **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a **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 Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 35a Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? **Note.** All Form 990 filers are required to complete Schedule O.

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Page **5**

Statements Regarding Other IRS Filings and Tax Compliance Part V

tale Enter the number reported in Box 3 of Form 1906. Enter 4-0- if not applicable	[Check if Schedule O contains a response or note to any line in this Part V	
be Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable	Yes		_	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b V. Woods. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3b Lid the organization have unreleated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FEAR). 5c If "Yes," enter the name of the foreign country: 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Lid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization she annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 5c Did the organizations that may receive deductible contributions under section 170(c). 5d If "Yes," indicate the number of Forms 8382 filed during the year. 5d If "Yes," indicate the number of Forms 8382 filed during the year. 5d If "Yes," indicate the number of Forms 8382 filed during th		i		1a
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d If "Yes," indicate the number of Forms 8282 filed during the year		7.		С
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	76		a
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		70		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	1	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	,	9b		b
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			501(c)(7) organizations. Enter:	0
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			fees and capital contributions included on Part VIII, line 12	а
a Gross income from members or shareholders			ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				1
against amounts due or received from them.)				а
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,	_
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b Enter the amount of reserves the organization is required to maintain by the states in which	a	13a		а
			· · · · · · · · · · · · · · · · · · ·	h
the organization is licensed to issue qualified health plans				IJ
c Enter the amount of reserves on hand				r
4a Did the organization receive any payments for indoor tanning services during the tax year?	a	142		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>				

Part VI

Pikes Peak School of Expeditionary Learning 84-1499949 **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No"

Sect	ion A. Governing Body and Management							
	<u> </u>		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct							
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
6	Did the organization have members or stockholders?	5 6		X				
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-						
<i>i</i> a	one or more members of the governing body?	70		Х				
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a						
b	, , , , , , , , , , , , , , , , , , , ,	76		~				
•	stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
_	the year by the following:	0.0	V					
a	The governing body?	8a	Χ					
b	Each committee with authority to act on behalf of the governing body?	8b		Χ				
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 in Schedule O	9	,	Χ				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	.oae.		NI.				
40-	Did the annualmention have level showtone browned as an efficiency	40-	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406						
	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	Χ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	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,"	40-	V					
40	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	Х					
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?	45-	V					
a	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	4.0						
	with a taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	401						
0 1	the organization's exempt status with respect to such arrangements?	16b						
	ion C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► CO Section 6104 requires an ergorization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (Section 5016)(3))c on!	ر. د					
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	()					
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)							
10	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	iov 05	v4					
19	financial statements available to the public during the tax year.	cy, ar	iu					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	_						
20								
	Don Knapp(719) 522-2580 11925 Antlers Ridge Road, Falcon, CO 80831							

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Page 7

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	than or is both or/truste Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bob Bishop	3.00									
President	1.00	Х		Х				0	0	0
(2) Dean Jaeger	2.00									
Vice President	1.00	Х		Х				0	0	0
(3) Andy Bernard	3.00									
Treasurer	0.00	Х		Х				0	0	0
(4) Trey Niemeyer	2.00									
Board Member	0.00	Х						0	0	0
(5) Luke Turk	2.00									
Board Member	0.00	Х		Х				0	0	0
(6) Jen Burger	3.00									
Secretary	0.00	Х		Х				0	0	0
(7) Olivia Holmes	2.00									
Board Member	0.00	Х						0	0	0
(8) Erin Smith	3.00									
Treasurer	0.00	Х		Х						
(9) Don Knapp	45.00									
<u>Principal</u>	1.00			Х				101,474	0	23,347
(10)										
(11)										
(12)										
(13)										
(14)										

more than \$100,000 of compensation from the organization

hour for constant of the const		(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck s pe d a d	rson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated
(18) (19) (20) (21) (22) (23) (24) (25) (b Sub-total			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		or a	from the ganization nd related
(17) (18) (19) (20) (21) (22) (23) (23) (24) (25) 1b Sub-total	(15)												
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total	(16)												
(20) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (21) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (21) (24) (25) (26) (27) (28) (28) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (21) (24) (25) (25) (26) (26) (27) (26) (27) (27) (28) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (24) (25) (26) (27) (24) (25) (26) (27) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (24) (25) (26) (26) (27) (27) (28) (27) (28) (28) (28) (28) (29) (20) (20) (20) (21) (24) (25) (26) (26) (27) (27) (28) (28) (28) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (28) (28) (29) (20) (20) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (26) (26) (27) (27) (28) (28) (28) (28) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (26) (26) (26) (26) (27) (27) (28) (28) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20	(17)												
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(20) (21) (22) (23) (24) (25) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 2 Total from continuation sheets to Part VII, Section A 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Did the organization listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) (A) Name and business address (B) Description of services Compensation Compensation Compensation Special Ed & Admin Services 305,79	(19)			-									
(23) (23) (24) (25) 1b Sub-total													
(24) (25)	(21)												
(24) (25)	(22)												
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1b Sub-total	(24)			-									
C Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c). D Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization D Id the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. D Id any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Palcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 3.3	(25)												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ■ 1 Yes No.	C	Total from continuation sheets to Part VII, Se	ection A						•	0		0	23,347
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 3 X 4 X 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual 5 X 5 X Section B. Independent Contractors (B) Description of services Compensation's tax Year 1 (B) Description of services 1 (C) Compensation from the organization's tax Year 1 (A) Name and business address 1 (B) Description of services 1 (C) Compensation from the organization's tax Year Year Yes, "complete Schedule J for such person. Yes Not any tax in the organization or individual or individual individu												0	23,347
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 305,79		reportable compensation from the organization	•			1							Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 305,79	3			-	-	-		_		•		3	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the sum of	of reportable cor	npen	satio	n a	nd o	other	con	mpensation from			X
for services rendered to the organization? If "Yes," complete Schedule J for such person	5										 vidual	4	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 305,79		for services rendered to the organization? If "Yo	•			-			_			5	Х
(A) Name and business address Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 305,79		Complete this table for your five highest compecompensation from the organization. Report co										s tax	
Falcon School Dist #49 10850 East Woodmen Road Falcon, CO 80831 Special Ed & Admin Services 305,79		(A)	rocc								vicos		
	Falc			ilcon,	СО	808	331		Sp	•		Сопре	305,799
													0
													0
A CONSTRUCTOR DE DECIDENCE DE CONTRETORS DECEMBRO DO DOS DIGIDADES DE DESEMBRO DE DESEMBRO DE CONTRETOR DE LA	2	Total number of independent contractors (inclu-	ding but not limi	ted to	tho	ا م	iete	d ahr	JVE)	who received			0

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a	a response or n	ote to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns	1b	0 0		Tevenue		312-314
	d e f	, 0 , 0	1e s, and	128,900				
Contrik and Ot	g h	similar amounts not included abov Noncash contributions included in lin Total. Add lines 1a–1f	es 1a-1f: \$	18,506 0	147,406			
ne				Business Code				
ven	2a	Per Pupil Revenue		611710	2,882,487	2,882,487		
Re	b	Kindergarten Tuition		611710	82,950	82,950		
/ice	С	Student Fees		611710	15,270	15,270		
Ser.	d	Extended Day Programs		611710	22,230	22,230		
E	е	Mill Levy		611710	205,648	205,648		
Program Service Revenue	f	All other program service revenue			0			
Pro		Total. Add lines 2a–2f			3,208,585			
	3	Investment income (including divid			3,200,303			
	3	other similar amounts)			2,802			2 902
		· · · · · · · · · · · · · · · · · · ·						2,802
	4	Income from investment of tax-exe	•		0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	0	```				
			0	U				
	b	Less: cost or other basis	0					
		and sales expenses	0	-				
	С	Gain or (loss)	0					
	d	Net gain or (loss)		▶	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10	c).					
ē		See Part IV, line 18	a	23,367				
Ţ	b	Less: direct expenses	b	8,934				
0	С	Net income or (loss) from fundrais	ing events		14,433			14,433
		Gross income from gaming activities See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	С	Net income or (loss) from gaming	activities		0			
	10a	Gross sales of inventory, less						
		returns and allowances	a	0				
	b	Less: cost of goods sold		0				
		Net income or (loss) from sales of		•	0			
		Miscellaneous Revenue	voiltory	Business Code	U			
	11a			Dusiness Coue				
	_				0			
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d			0			
	12	Total revenue See instructions		▶	3 373 226	3 208 585	0	17 235

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	o any line in this Pa	ırt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			ganaran	
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	218,620		218,620	
6	Compensation not included above, to disqualified	Í		,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,203,123	1,107,528	95,595	
8	Pension plan accruals and contributions (include		, ,	,	
	section 401(k) and 403(b) employer contributions).	262,717	201,327	61,390	
9	Other employee benefits	121,688	112,352	9,336	
10	Payroll taxes	24,560	19,132	5,428	
11	Fees for services (non-employees):	·	·	·	
а	Management	0			
b	Legal	1,845		1,845	
С	Accounting	20,897		20,897	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	45,463	44,327	1,136	
12	Advertising and promotion	50		50	
13	Office expenses	48,378	7,833	40,545	
14	Information technology	50,855	35,486	15,369	
15	Royalties	0			
16	Occupancy	500,932	379,473	121,459	
17	Travel	25,136	25,136		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,814	8,551	10,263	
20	Interest	2,054		2,054	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	29,058	9,968	19,090	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Special Education/ Central Admin	305,799	243,253	62,546	
b	Gifts to Schools/Administrative Services	11,706	11,706	2.2.5	
C	Textbooks & Supplies	42,636	36,388	6,248	
d	Staff Development, Staff Recruiting, Miscellaneous	9,207	300	8,907	
e	All other expenses GASB Pension Adjustments	1,885,839	1,416,448	469,391	_
25	Total functional expenses. Add lines 1 through 24e	4,829,377	3,659,208	1,170,169	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

84-1499949

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Part	X		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,134,122	1	1,354,685
	2	Savings and temporary cash investments				924,465
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		26,139	4	57,558
	5	Loans and other receivables from current and f				
		trustees, key employees, and highest compens	ated employees.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e				
ets.		organizations (see instructions). Complete Part II of Scho	edule L	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
⋖	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 6,30			
	b	Less: accumulated depreciation	10b 6,30			0
	11	Investments—publicly traded securities		0		0
	12	Investments—other securities. See Part IV, line		0		0
	13	Investments—program-related. See Part IV, lin			0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11				3,193,558
	16	Total assets. Add lines 1 through 15 (must equ			16	5,530,266
	17	Accounts payable and accrued expenses				147,891
	18	Grants payable	0			
	19	Deferred revenue	0			
	20	Tax-exempt bond liabilities		0		
40	21	Escrow or custodial account liability. Complete		0	21	
Liabilities	22	Loans and other payables to current and forme				
ij		trustees, key employees, highest compensated		0	20	
<u>ia</u>	22	disqualified persons. Complete Part II of Sched		0		0
_	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate			24	0
	25	Other liabilities (including federal income tax, page 100)	-	0	24	0
	23	parties, and other liabilities not included on line	-			
		•		7,843,394	25	9,691,727
	26	Total liabilities. Add lines 17 through 25		, ,		9,839,618
						0,000,010
S		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a				
Balances	2	•		0	07	
<u>a</u>	27	Unrestricted net assets		0		
Ä	28 29	Temporarily restricted net assets		0		
Fund	29	Permanently restricted net assets		U	29	
Ē		Organizations that do not follow SFAS 117 (ASC958)	, check here $ ightharpoonup X$ and			
s or	l <u>.</u>	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		0	30	
As	31	Paid-in or capital surplus, or land, building, or e			31	
Net Assets	32	Retained earnings, endowment, accumulated in				-4,309,352
Z	33	Total net assets or fund balances				-4,309,352
	34	Total liabilities and net assets/fund balances.		5,322,737	34	5,530,266

FOIIII 9	90 (2017) Pikes Peak School of Expeditionary Learning	84-14	99949	Pag	je IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,373	3,226
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,829	,377
3	Revenue less expenses. Subtract line 2 from line 1	3	-	1,456	3,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	2,667	,498
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		-185	5,703
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-	4,309	,352
Part :				ı	
	Check if Schedule O contains a response or note to any line in this Part XII				
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 O.			Yes	No
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 on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a		X
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				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				7.
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization Employer identification number 84-1499949 Pikes Peak School of Expeditionary Learning 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. h 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, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. 0 f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

n

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	0	0	0	0	0	0
	Public support. Subtract line 5 from line 4						0
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	similar sources						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here .	ganization's first, s	econd, third, fourth	n, or fifth tax year a			▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Sched	ule A, Part II, line 1	4			14	0.00%
16a	33 1/3% support test—2017. If the organization qualifies as						
b	33 1/3% support test—2016. If the organization and stop here. The organization qualifies			•			▶ □
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization.	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	d stop here. Explai	in in ed	▶ □
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and s the "facts-and-cir	-circumstances" te cumstances" test.	est, check this box a The organization o	and stop here. qualifies as a public	cly	· · · · · • <u></u>
18	Private foundation. If the organization did ripstructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						1
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on						1
	its behalf						0
5	The value of services or facilities						
J	furnished by a governmental unit to the						1
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	, ,			, and the second		
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						1
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						1
	payments received on securities loans, rents,						1
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						1
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						1
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						1
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	0	0	0		0	
4.4	and 12.)	0	0	0	0	0	0
14	organization, check this box and stop here	-		-		•	
800	ction C. Computation of Public Su						· · · · · · <u> </u>
15	Public support percentage for 2017 (line 8, c		_	f\\		15	0.00%
	Public support percentage for 2017 (line 6, c					16	0.00%
	ction D. Computation of Investmen			<u> </u>		10	0.0070
17	Investment income percentage for 2017 (line			olumn (f))		17	0.00%
18	Investment income percentage for 2017 (line Investment income percentage from 2016 Se					18	0.00%
	33 1/3% support tests—2017. If the organi						0.0070
	not more than 33 1/3%, check this box and s						•
b	33 1/3% support tests—2016. If the organi	-			-		
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did i	-	=				

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

- 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* (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).
- **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 (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 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.)

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	464		
	10b		

Schedul	e A (Form 990 or 990-EZ) 2017 Pikes	Peak School of Expeditionary Learning	84-1499949	Р	age 5
Part I	V Supporting Organization	ons (continued)			
			_	Yes	No
11		ift or contribution from any of the following persons?			
а		controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a sup	·	11a	1	
	A family member of a person desc		11b		
	on B. Type I Supporting Orga	n described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in F	Part VI. 11c		
Secui	on B. Type I Supporting Orga	ilizations		Yes	No
1	Did the directors trustees or mem	bership of one or more supported organizations have the power to		103	
•		majority of the organization's directors or trustees at all times during t	the		
		VI how the supported organization(s) effectively operated, supervised,			
	=	ies. If the organization had more than one supported organization,			
		nt and/or remove directors or trustees were allocated among the suppo	orted		
		or restrictions, if any, applied to such powers during the tax year.	1		
2	_	e benefit of any supported organization other than the supported			
		ervised, or controlled the supporting organization? If "Yes," explain in I	Part		
	VI how providing such benefit carr	ied out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supp	orting organization.	2		
Section	on C. Type II Supporting Org	anizations			
			_	Yes	No
1		's directors or trustees during the tax year also a majority of the direct			
		tion's supported organization(s)? If "No," describe in Part VI how cont			
		organization was vested in the same persons that controlled or manag			
Cooti	the supported organization(s).	Overnitations	1		<u> </u>
Secu	on D. All Type III Supporting	Organizations		Yes	No
1	Did the organization provide to ear	ch of its supported organizations, by the last day of the fifth month of th	he	162	NO
•		n notice describing the type and amount of support provided during the			
		at was most recently filed as of the date of notification, and (iii) copies			
		ts in effect on the date of notification, to the extent not previously prov			
2		cers, directors, or trustees either (i) appointed or elected by the suppo			
		e governing body of a supported organization? If "No," explain in Part			
		e and continuous working relationship with the supported organization			
3	By reason of the relationship desc	ribed in (2), did the organization's supported organizations have a			
	significant voice in the organization	s's investment policies and in directing the use of the organization's			
	income or assets at all times durin	g the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in		3		<u> </u>
Section		egrated Supporting Organizations			
1		that the organization used to satisfy the Integral Part Test during the y	rear (see instruction	s).	
а	The organization satisfied the A	activities Test. Complete line 2 below.			
b	The organization is the parent of	of each of its supported organizations. Complete line 3 below.			
С	The organization supported a g	overnmental entity. Describe in Part VI how you supported a governm	nent entity (see instru	ctions).
2	— Activities Test. Answer (a) and (b) helow		Yes	No
a		ation's activities during the tax year directly further the exempt purpose	es of		110
-		hich the organization was responsive? If "Yes," then in Part VI identif			
		and explain how these activities directly furthered their exempt purpo	-		
		ive to those supported organizations, and how the organization detern			
	that these activities constituted sui	ostantially all of its activities.	2a		
b	Did the activities described in (a) of	onstitute activities that, but for the organization's involvement, one or	more		
	of the organization's supported org	anization(s) would have been engaged in? If "Yes," explain in Part VI	the		
	=	tion that its supported organization(s) would have engaged in these			
	activities but for the organization's		2b		
3	Parent of Supported Organizations				
а		er to regularly appoint or elect a majority of the officers, directors, or			
		organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a su	ostantial 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	nizations	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting o	organization (see
instructions).	-		

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
			(ii)	(iii)
s	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
Ŭ		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
•	Underdistributions, if any, for years prior to 2017			<u> </u>
2	(reasonable cause required—explain in Part VI). See			
-	instructions.			
3	Excess distributions carryover, if any, to 2017			
a	Exacts distributions carryover, if arry, to 2017			
<u>u</u>	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e	0		
	Applied to underdistributions of prior years	0	0	
<u>g</u> h	Applied to underdistributions of prior years Applied to 2017 distributable amount		U	0
<u>''</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
<u></u>	Distributions for 2017 from	0		
-	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
<u>a</u> b	Applied to Underdistributions of prior years Applied to 2017 distributable amount		U	0
	Remainder. Subtract lines 4a and 4b from 4.	0		0
<u>с</u> 5		U		
3	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
-	Remaining underdistributions for 2017. Subtract lines 3h		0	
6	<u> </u>			
	and 4b from line 1. For result greater than zero, explain in			0
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2013			
<u>b</u>	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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.)
	intel 2, e, and e. 7 les complete the part for any additional information. (Goo met detection)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Pikes Peak School of Expeditionary Learning

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

2017

Employer identification number 84-1499949

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
or more (in money o	X 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								
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) 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, II, and III.								
contributor, during th contributions totaled during the year for a General Rule applie	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization tha	at 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).

Name of organizationEmployer identification numberPikes Peak School of Expeditionary Learning84-1499949

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Colorado Department of Education 201 East Colfax Denver CO 80203 Foreign State or Province: Foreign Country:	\$ 128,900	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
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organizationEmployer identification numberPikes Peak School of Expeditionary Learning84-1499949

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2017
Open to Public Inspection
 le

Name	e of the organization	Employer identification number
Pikes	es Peak School of Expeditionary Learning	84-1499949
Par	organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
·	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
Ū	used only for charitable purposes and not for the benefit of the donor or donor advisor, c	
	purpose conferring impermissible private benefit?	
Dan		
Par	irt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	on of a historically important land area
	Protection of natural habitat Preservation	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form 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		
С		
d		
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	minated by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes
	the organization's accounting for conservation easements.	
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	, 1	
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements t	
b		
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	tion, or research in furtherance
	of public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land	0	0		0	
b	Buildings	0	0	0	0	
С	Leasehold improvements	0	0	0	0	
d	Equipment	0	6,300	6,300	0	
е	Other	0	0	0	0	
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 0					

Schedule D (Form 990) 2017 Pikes Peak School of Expedi	tionary Learning		84-1499949 Page	<u> 3</u>
Part VII Investments—Other Securities.	LID (II		000 5 434 11 44	_
Complete if the organization answe	red "Yes" on Form 990			<u>2. </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year		
(1) Financial derivatives	0			
(2) Closely-held equity interests	0			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0			
Part VIII Investments—Program Related.				_
Complete if the organization answe	red "Yes" on Form 99	D, Part IV, line 11c. See Forn	n 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0			
Part IX Other Assets.				
Complete if the organization answe		0, Part IV, line 11d. See Forr		<u>5</u> .
. ,	scription		(b) Book value	
(1) Pension & OPEB - Deferred Outflows			3,193,5	58
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line	2.15.)	•	3 193 5	50
TOTAL COMMUNICIDI MUSI BODAL FORM 990 PARTX COL (B) ING	- /:) /		. 19.3.5	

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) Fe	deral income taxes	0
(2) Ne	et Pension & OPEB Liability	9,315,816
(3) Pe	ension & OPEB - Deferred Inflows	375,911
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,691,727

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

84-1499949

Schedule D (Form 990) 2017

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Revenue per	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	3,382,160
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		3,362,100
a	Net unrealized gains (losses) on investments		
b			
C C	Recoveries of prior year grants		
d	Add lines 2a through 2d		8,934
е 3	Subtract line 2e from line 1	2e 3	3,373,226
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	3,373,220
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Add lines 4a and 4b	40	0
C E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	
5 Dor		· · · · · · · · · · · · · · · · · · ·	3,373,226
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	•
1	Total expenses and losses per audited financial statements	1	4,838,311
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	8,934
3	Subtract line 2e from line 1	3	4,829,377
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,020,011
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	4,829,377
_	t XIII Supplemental Information.		1,020,011
2; Pa Part	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information XI Line 2d Direct fundraising expenses reported in Part VIII, line 8b. XII Line 2d Direct fundraising expenses reported in Part VIII, line 8b.	ation.	

SCHEDULE E (Form 990 or 990-EZ)

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. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Pikes Peak School of Expeditionary Learning 84-1499949

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Χ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Χ	
3	Has the organization publicized its racially nondiscriminatory policy 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	
	In accordance with Falcon School District #49 policies.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Χ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Χ	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
		_		
С	Employment of faculty or administrative staff?	5c		Х
٨	Scholarships or other financial assistance?	5d		Х
d	Outotatotilpo di ditiali ilitatidati aoototatida:	Ju		
е	Educational policies?	5e		Х
-				
f	Use of facilities?	5f		
g	Athletic programs?	5g		Х
L	Other extreguration activities?	FL.		_
h	Other extracurricular activities?	5h		X
6a	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		Х
	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	Χ	

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as

Part II

applicable. Also provide any other additional information. See instructions.			
ine 6a Per Pupil Revenue and grants are received through the Colorado Department of			
Revenue and Falcon School District #49.			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

2a

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 154	5-0047
201	7

Yes

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. Employer identification number Name of the organization 84-1499949 Pikes Peak School of Expeditionary Learning Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 3 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 0

registration or licensing.

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

Pá	art II				s" on Form 990, Part IV	
			_	_	ncome on Form 990-EZ	, lines 1 and 6b. List
		events with gross rece	eipts greater than \$5,00		T	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUNd Run		NONE	(add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	(-//
Revenue	1	Gross receipts	8,747		0	8,747
Re	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	8,747		0	8,747
	4	Cash prizes	5,1 11		0	0,
Se	5	Noncash prizes			0	0
pense	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses	947		0	947
	10	Direct expense summary. Add	d lines 4 through 9 in colu	mn (d)		(947)
Da	11 Irt III	Net income summary. Subtract	the ergenization angus	mn (d)	 90, Part IV, line 19, or r	7,800
Гс		than \$15,000 on Form		ileu iles on Form 9	90, Fait IV, iiile 19, 01 1	eported more
nue		11am \$10,000 om 1 om	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				0
	-					
nses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add	d lines 2 through 5 in colu	mp (d)	<u> </u>	(0)
			•	,		
	8	Net gaming income summary	. Subtract line / from line	i, column (a)		0
9	E	nter the state(s) in which the or	ganization conducts gamir	ng activities:		
	a Is	the organization licensed to co	onduct gaming activities in	each of these states? .		. Yes No
10		/ere any of the organization's ga "Yes," explain:				

Sched	ule G (Form 990 or 990-EZ) 2017 Pikes Peak School of Expeditionary Learning	84-1499949 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigsec\$ 0 and the	
	amount of gaming revenue retained by the third party \$ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation > \$0	
	Description of services provided •	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	_
D - u4	or spent in the organization's own exempt activities during the tax year \$	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions	ii iiiioiiiiatioii.
	COC MOLIGOROM	
		.=========

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Pikes Peak School of Expeditionary Learning 84-1499949 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization of loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 0 \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7) (8)(9)

(10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi reve	aring of zation's nues?
		1455 65	10.550		Yes	No
	nifer Bernard	Wife of Board member	10,558	Teacher		Х
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information	on for responses to questions on	Schedule L (see ins	tructions).		

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pikes Peak School of Expeditionary Learning	84-1499949
Form 990, Part VI, Section A, Line 2: The wife of one board member is a teacher at the school,	
as detailed on Schedule L.	
Form 990, Part VI, Section B, Line 8b: There are no committees with authority to act on behalf	
of the governing body.	
Form 990, Part VI, Section B, Line 11b: Sent electronically to the Board for review.	
Form 990, Part VI, Section B, Line 12c: Board members are annually asked to complete a	
Conflict of Interest Disclosure form which is kept on file at the school. Anyone with a	
conflict of interest regarding a particular issue is not allowed to vote on that issue.	
Form 990, Part VI, Section B, Line 15a/15b: Certified Staff salaries are based on School	
District #49 Salary Schedule and others are approved by the Board of Directors. All are	
covered with written employment contracts.	
Form 990, Part VI, Section C, Line 19: Kept on file and available upon request.	
Form 990, Part XI, Line 8: Restated Deferred Outflows of Resources and Net OPEB Liability due	
to change in Accounting Principle of adopting GASB 75.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

Pikes Peak School of Expeditionary Learning

Employer identification number 84-1499949

(a) Name, address, and EIN (if applicable) of disregarded entity		Prima	(b) ary activity		(c) domicile (state breign country)	T	(d) otal income	End-c	(e) of-year assets	Dii	(f) rect contro entity	lling
(1)												
(2)		-										
(3)												
(4)												
(5)		_										
(6)		_										
Part II Identification of Related Tax-Exempt Organ one or more related tax-exempt organizations			the organizat	l tion ai	nswered "Ye	s" or	Form 990,	Part I	V, line 34	becau	se it ha	ıd
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile or foreign cou		(d) Exempt Code s	ection	(e) Public charity (if section 501		(f) Direct cont entity		Section 5 contri	12(b)(13 olled
											Yes	No
(1) PPSEL Building Corporation 26-1775482 11925 Antlers Ridge Road Falcon, CO 80831	Facilities s	upport	СО		501(c)(3)		509(a)(3) - T	ype 2	N/A			Х
(2)												
<u>(3)</u>												
(4)												

(6)

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

				. u	11.10 10.11) 0 0.11							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Oispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
				•			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(d) Direct controlling entity	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	rolled
						Yes	No
(1)							
(2)							
(3)	-						
(4)							
(5)							
(6)							
(7)							

84-1499949

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Χ
b	Gift, grant, or capital contribution to related organization(s)	1b		Χ
С	Gift, grant, or capital contribution from related organization(s)	1c		Χ
d	Loans or loan guarantees to or for related organization(s)	1d		Χ
е	Loans or loan guarantees by related organization(s)	1e		Χ
f	Dividends from related organization(s)	1f		Χ
q	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Χ
i	Exchange of assets with related organization(s)	1i		Χ
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•	3 (7			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
ı. I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m.	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
Ū		10		
р	Reimbursement paid to related organization(s) for expenses	1p		X
a	Reimbursement paid by related organization(s) for expenses	1q		X
ч	Treinibul senient paid by related diganization(s) for expenses	19		
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s).	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		olde	
	(a) (b) (c)		(d)	
	Name of related organization Transaction Amount involved	Method of		ning
	type (a–s)	amoun	t involve	d
		ease agi	eemer	nt
1) PF	PSEL Building Corporation k 379,201			-
.,				
(2)				
- ,				
(3)				
-,				
(4)				
.,				
(5)				
٠,				
(6)				
-,	Schedul	le R (For	m 990)	2017

Part VI Unrela

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

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

	from tax under sections 512-514)	organiz	c)(3) ations?	total income	end-of-year assets		tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		Percentage ownership
		Yes	No			Yes	No		Yes	No			

Schedule R (For		Pikes Peak School of Expeditionary Learning	84-1499949	Page 5
	Suppleme	ental Information.		
Part VII	Provide a	dditional information for responses to questions on Schedule R. See Instruction	ons.	

Pikes Peak School of Expeditionary Learning 84-1499949

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							Total:	6,300	6,300	6,300	0	0	0
	1		Leasehold			Check if	Check if		Beginning	Ending			1
	1	1	Improve-	1	i '	Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Copy Machine	1 '		<u> </u>	Χ	1	l l		6,300	6,300	6,300		0	0

Part X, Line 15 (990) - Other Assets

	Total:	3,231,064	3,193,558
	Description	Beginning	End
1	Pension & OPEB - Deferred Outflows	3,231,064	3,193,558

Part X, Line 25 (990) - Other Liabilities

	Total	7,843,394	9,691,727
	Description	Beginning	End
1	Federal income taxes	0	0
2	Net Pension & OPEB Liability	7,843,394	9,315,816
3	Pension & OPEB - Deferred Inflows		375,911