2017 TAX RETURN

Client Copy

Client: C2E

Prepared for: Challenge to Excellence Charter School 16995 E Carlson Drive Parker, CO 80134 (303)841-9816

Prepared by: James D. Hinkle HINKLE & COMPANY P.C. 5028 East 101st St Tulsa, OK 74137 918-492-3388

Date: March 26, 2019

Comments:

Route to:

2017 Exempt Org. Return prepared for:

Challenge to Excellence Charter School 16995 E Carlson Drive Parker, CO 80134

> HINKLE & COMPANY P.C. 5028 East 101st St Tulsa, OK 74137

HINKLE & COMPANY P.C.

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Challenge to Excellence Charter School 16995 E Carlson Drive Parker, CO 80134 (303)841-9816

FEDERAL FORMS

| Form 990 | 2017 Return of Organization Exempt from Income Tax |
|--------------|--|
| Schedule A | Organization Exempt Under Section 501(c)(3) |
| Schedule B | Schedule of Contributors |
| Schedule D | Schedule D |
| Schedule E | Schools |
| Schedule G | Fundraising or Gaming Activities |
| Schedule K | Info on tax Exempt Bonds |
| Form 8868 | Application for Extension |
| Form 8879-EO | IRS e-file Signature Authorization |

FEE SUMMARY

Preparation Fee

| 20 | 1 | 7 |
|----|---|---|
| 20 | | |

Federal Exempt Organization Tax Summary

Page 1

Challenge to Excellence Charter School

81-0554704

| | 2017 | 2016 | Diff |
|---|--------------------------|--------------------------|----------------------|
| REVENUE | | | |
| Contributions and grants | 152,391 | 150,679 | 1,712 |
| Program service revenue Investment income | 4,128,346 24,658 | 3,991,079 13,233 | 137,267 11,425 |
| Other revenue | 38,294 | 80,401 | -42,107 |
| Total revenue | 4,343,689 | 4,235,392 | 108,297 |
| | 1,010,000 | 1,200,002 | |
| EXPENSES Salaries, other compen., emp. benefits | 2,943,650 | 2,911,041 | 32,609 |
| Other expenses | 4,120,328 | 3,532,252 | 588,076 |
| Total expenses | 7,063,978 | 6,443,293 | 620,685 |
| | 1,005,510 | 0,445,255 | 020,005 |
| NET ASSETS OR FUND BALANCES | | | |
| Revenue less expenses | -2,720,289 11,693,684 | -2,207,901 12,392,554 | -512,388 -698,870 |
| Total assets at end of year Total liabilities at end of year | 21,579,527 | 19,243,118 | 2,336,409 |
| Net assets/fund balances at end of year. | -9,885,843 | -6,850,564 | -3,035,279 |

General Information

Challenge to Excellence Charter School

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch E, Sch G, Sch K, 8868

Carryovers to 2018

None

Preparer e-file Instructions - Federal

Page 1

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status. Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

Preparer e-file Instructions - Federal

Page 2

Challenge to Excellence Charter School

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 8868

No signature is required with Form 8868.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Federal Worksheets

Page 1

Challenge to Excellence Charter School

| | Program Services Total | Form | 990 | Source | |
|---|------------------------------|--|--|--|--|
| Total Expenses Grants Revenue | |). | 0. Part I | X, Line 25, C X, Lines 1-3, III, Line 2, | Col. B |
| Form 990, Part VIII, Line 2f Other Program Service Revenue | | | | | |
| <u>Description</u> Other Program Service Rev Total | 611710 \$ | Total <u>Revenue</u> 25,686. 25,686. | Related or Exempt Func tion Revenu \$ 25,686. \$ 25,686. | Revenue | Revenue Excluded From Tax \$ 0. |
| Form 990, Part IX, Line 11g Other Fees For Services | | | | | |
| Service Fees | | (A) <u>Fotal</u> <u>334,481.</u> <u>334,481.</u> <u>5</u> | (B) Program <u>Services</u> <u>303,283.</u> 303,283. | (C) Management & General <u>31,198.</u> \$ 31,198. | (D) Fund- raising \$ 0. |
| | <u> </u> | | , 303,203. | <u>\$ 31,198.</u> | <u> </u> |
| Form 990, Part IX, Line 24e Other Expenses | <u>.</u> | <u> </u> | <u> </u> | <u>\$ 31,198.</u> | <u> </u> |
| Form 990, Part IX, Line 24e Other Expenses Bank Fees Books & Periodicals | | (A) <u>Fotal</u> 11,486. | (B) Program Services 5,900. | (C) Management & General 11,486. | (D) Fundraising |

| Form 8879-EO | IRS <i>e-file</i> Signat for an Exemp | ure Authorization t Organization | OMB No. 1545-1878 |
|---|---|---|--|
| Department of the Treasury Internal Revenue Service | | S. Keep for your records. 79EO for the latest information. | 2017 |
| Name of exempt organization | | | nployer identification number |
| Challenge to Exce Name and title of officer | ellence Charter School | 81 | 1-0554704 |
| Donna Mitchell | | Principal | |
| Check the box for the retur check the box on line 1a , 2 leave line 1b , 2b , 3b , 4b , o | rn and Return Information (Whole D n for which you are using this Form 8879-EC a, 3a, 4a, or 5a, below, and the amount on the r 5b, whichever is applicable, blank (do not o Do not complete more than one line in Part I | D and enter the applicable amount, if ar hat line for the return being filed with th enter -0-). But, if you entered -0- on the | is form was blank, then |
| 1 a Form 990 check here | ····· ► X b Total revenue, if any (Form 9 | 390, Part VIII, column (A), line 12) | 1b 4,343,689. |
| | here b Total revenue , if any (Fo | | |
| 3a Form 1120-POL chec | | -POL, line 22) | 3b |
| 4a Form 990-PF check h | | t income (Form 990-PF, Part VI, line 5). | |
| 5 a Form 8868 check her | e ► b Balance Due (Form 8868, line | e 3c | |
| | | | |
| | nd Signature Authorization of Offic I declare that I am an officer of the above o | | annu of the exception in 2017 |
| I further declare that the ar intermediate service provice the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct de organization's federal taxe contact the U.S. Treasury I authorize the financial inst answer inguiries and resolv | banying schedules and statements and to the be mount in Part I above is the amount shown of ler, transmitter, or electronic return originato ement of receipt or reason for rejection of th any refund. If applicable, I authorize the U.S bit) entry to the financial institution account s owed on this return, and the financial instit financial Agent at 1-888-353-4537 no later to itutions involved in the processing of the elec- ve issues related to the payment. I have sele- turn and, if applicable, the organization's co | on the copy of the organization's electro or (ERO) to send the organization's retur e transmission, (b) the reason for any d S. Treasury and its designated Financial indicated in the tax preparation softwar tution to debit the entry to this account. han 2 business days prior to the paymen ctronic payment of taxes to receive cont ected a personal identification number (f | nic return. I consent to allow my rn to the IRS and to receive from lelay in processing the return or Agent to initiate an electronic re for payment of the To revoke a payment, I must nt (settlement) date. I also fidential information necessary to |
| Officer's PIN: check one b | ox only | | |
| X I authorize HINKLE | | to enter my PIN | 00325 as my signature |
| _ | ERO firm name | | five numbers, but at enter all zeros |
| | year 2017 electronically filed return. If I have in ulating charities as part of the IRS Fed/State consent screen. | | |
| indicated within this re | nization, I will enter my PIN as my signature on turn that a copy of the return is being filed w y PIN on the return's disclosure consent scre | ith a state agency(ies) regulating chariti | ally filed return. If I have ies as part of the IRS Fed/State |
| Officer's signature | | Date ► | |
| | | | |
| | and Authentication | | |
| number (EFIN) followed by | r six-digit electronic filing identification your five-digit self-selected PIN | | Do not enter all zeros |
| I certify that the above nun above. I confirm that I am su Authorized IRS <i>e-file</i> Provi | neric entry is my PIN, which is my signature bmitting this return in accordance with the requi ders for Business Returns. | on the 2017 electronically filed return for irements of Pub. 4163, Modernized e-File (N | or the organization indicated MeF) Information for |
| ERO's signature | | Date ► | |
| | | Form – See Instructions e IRS Unless Requested To Do So | |
| BAA For Paperwork Redu | ction Act Notice, see instructions. | | Form 8879-EO (2017) |



(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

11

12

► File a separate application for each return.

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

| | Name of exempt organization or other filer, see instructions. | | | Employer identification n | umber (EIN) or |
|--|--|----------------|-------------------------------------|---|----------------|
| Type or print File by the due date for filing your | Challenge to Excellence Charte Number, street, and room or suite number. If a P.O. box, see in 16995 E Carlson Drive | | <u>ol</u> | 81-0554704 Social security number (3 | SSN) |
| return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | |
| instructions. | Parker, CO 80134 | | | | |
| Enter the R | eturn Code for the return that this application is for | or (file a se | parate application for each return) | | 01 |
| Applicatior Is For | 1 | Return Code | Application Is For | | Return Code |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporation) | | 07 |
| Form 990-E | 3L | 02 | Form 1041-A | | 08 |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | 09 |
| Form 990-F | PF | 04 | Form 5227 | | 10 |

| • | The books are in the care of ► | Donna Mitchell | |
|---|--------------------------------|----------------|--|
|---|--------------------------------|----------------|--|

Telephone No. ► (303) 841-9816

Form 990-T (section 401(a) or 408(a) trust)

Form 990-T (trust other than above)

Fax No. ►

05

06

If the organization does not have an office or place of business in the United States, check this box.....

Form 5227

Form 6069

Form 8870

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, the extension is for.

| 1 | I request an automatic 6-month extension of time until | 5/15 | , 20 <u>1</u> 9 | , to file the exempt organization return |
|---|--|------------------|-----------------|--|
| | for the organization named above. The extension is for the | e organization's | return for: | |

calendar year 20 or

| ► | X tax year beginning | <u>_7/01</u> , 20 | <u>17</u> , and ending | _ <u>6/30</u> , 20 | <u>18</u> . |
|---|----------------------|-------------------|------------------------|--------------------|-------------|
|---|----------------------|-------------------|------------------------|--------------------|-------------|

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

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

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

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

Form 8868 (Rev. 1-2017)

| Form | 99 | 0 |
|------|----|---|
| | | |

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

OMB No. 1545-0047

2017

| Depa Inter | artment o nal Reve | of the Treasury enue Service | | rs.gov/Form990 for in | | | | | | Inspection | | |
|--------------------------------|-----------------------|---------------------------------|--|--------------------------------|---------------------|------------------|---------------|-----------------------------|------------|-----------------------------|----------|--|
| - | | | dar year, or tax year begin | ning 7/01 | , 2017 | , and endin | g 6/3 | 30 | , | 2018 | _ | |
| | | f applicable: | C | | | | _ 0, 1 | | | ication number | — | |
| | Ad | ldress change | Challenge to Exc | ellence Charte | er School | | | 81-0 |)5547 | 04 | | |
| | Na | ame change | 16995 E Carlson | | | | | E Telepho | | | | |
| | Ini | tial return | Parker, CO 80134 | | | | | (303)841-9816 | | | | |
| | Fina | al return/terminated | | | | | | | , | ••-• | _ | |
| | An | nended return | | | | | | G Gross re | eceipts \$ | 4,378,705 | | |
| | Ap | plication pending | F Name and address of principal | officer: | | | H(a) Is this | a group returi | | | | |
| | | | Same As C Above | | | | H(b) Are all | subordinates attach a list. | included | | No | |
| ī | Tax-e | exempt status | X 501(c)(3) 501(c) (|) < (insert no.) | 4947(a)(1) or | r 527 | IT INO, | attach a list. | (see instr | | | |
| J | | | w.challengetoexce | ellence.org | | | H(c) Group | exemption nu | mber 🕨 | | | |
| κ | | of organization: | X Corporation Trust | Association Other ► | L | Year of formati | | · · · · | | gal domicile: CO | | |
| | rt I | Summar | γ | | | | | | | | — | |
| | 1 | Briefly descri | ibe the organization's missi | on or most significant | activities: Se | e Sched | 111e 0 | | | | | |
| đ | | | | | 0 | | | | | | | |
| nc | | | | | | | | | | | _ | |
| , Line | | | | | | | | | | | | |
| Governance | | Check this be | | n discontinued its ope | | | | | - | | _ | |
| | | | oting members of the gover dependent voting members | | | | | | 3 | | 6 | |
| es | | | r of individuals employed in | | | | | | 4 5 | | 6 | |
| viti | 6 | Total number | r of volunteers (estimate if | necessarv) | rait v, iiie za | a) | | | 6 | 30 | 54 | |
| Activities & | | | ed business revenue from F | | | | | | 7a | 0 | _ | |
| | | | d business taxable income | | | | | | 7b | 0 | | |
| | | | | | | | P | rior Year | | Current Year | | |
| a | 8 | Contributions | s and grants (Part VIII, line | 1h) | | | | 150,6 | 79. | 152,391 | | |
| Revenue | | - | vice revenue (Part VIII, line | •. | | | | 3,991,0 | 79. | 4,128,346 | ;. | |
| eve | | | ncome (Part VIII, column (A | | | | | 13,2 | | 24,658 | ;. | |
| č | | | ie (Part VIII, column (A), lir | | | | | 80,4 | | 38,294 | | |
| | | | e – add lines 8 through 11 | | | | | 1,235,3 | 92. | 4,343,689 |). | |
| | | | imilar amounts paid (Part I | | | | | | | | | |
| | | • | to or for members (Part I) | | | | | | | | | |
| S | 15 | | er compensation, employee | - | | - | | 2,911,0 | 41. | 2,943,650 | ۱. | |
| nse | 16 a | Professional | fundraising fees (Part IX, c | olumn (A), line 11e). | | | | | | | | |
| Expenses | b | Total fundrai | sing expenses (Part IX, col | umn (D), line 25) 🕨 | | | | | | | | |
| Ш | 17 | Other expense | ses (Part IX, column (A), lir | nes 11a-11d, 11f-24e) | | | . 3 | 8,532,2 | 52. | 4,120,328. | | |
| | 18 | Total expens | es. Add lines 13-17 (must e | equal Part IX, column | (A), line 25). | | . 6 | 5,443,2 | 93. | 7,063,978 | 3. | |
| | 19 | Revenue less | s expenses. Subtract line 1 | 8 from line 12 | | | 2 | 2,207,9 | 01. | -2,720,289 | <i>.</i> | |
| c or | | | | | | | | ng of Curren | | End of Year | _ | |
| Net Assets or Fund Balances | 20 | | (Part X, line 16) | | | | | 2,392,5 | 54. | 11,693,684 | | |
| t As | 21 | Total liabilitie | es (Part X, line 26) | | | | . 19 | ,243,1 | 18. | 21,579,527 | ۱. | |
| S T | 22 | Net assets of | r fund balances. Subtract li | ne 21 from line 20 | | | 6 | 5,850,5 | 64. | -9,885,843 | 3. | |
| Pa | rt II | Signatu | re Block | | | | | | | | | |
| Unde | er penalt | ties of perjury, I d | eclare that I have examined this retu arer (other than officer) is based on a | rn, including accompanying s | chedules and state | ements, and to t | the best of m | ny knowledge | and beliet | f, it is true, correct, and | | |
| com | biete. De | eclaration of prepa | arer (other than officer) is based on a | all information of which prepa | arer nas any knowle | eage. | | | | | | |
| | | Cianati | ure of officer | | | | Da | to. | | | | |
| Siç | jn | | | | | | | | | | | |
| He | re | Don | na Mitchell | | | | Princ | cipal | | | | |
| | | | r print name and title | Proporaria gianativa | | Data | | | | | | |
| _ | | | preparer's name | Preparer's signature | | Date | | Check | | | | |
| Pa | | | | | | | | self-employe | ed F | 00532558 | | |
| | epare | h., | | | | | | | | 1 4 0 4 0 1 0 | | |
| US | e On | IY Firm's addr | 0020 2000 200 | | | | | Firm's EIN | | 1494012 | | |
| | | | Tulsa, OK 741 | | | | | Phone no. | | 492-3388 | | |
| | | | nis return with the preparer | | - | | | | | X Yes No | _ | |
| BA | A For | Paperwork F | Reduction Act Notice, see t | he separate instruction | ons. | TEE | A0113L 08/ | 08/17 | | Form 990 (201 | . /) | |

| - | n 990 (2017) | | | ellence Char | | | 81-0 | 554704 | F | Page 2 |
|--------------|-----------------|----------------------|-----------------|---------------------|---------------------|------------------------|-------------------|----------------|---------------|--------|
| Par | | | | vice Accomplis | | | | | | v |
| | | | | | any line in this Pa | art III | | | | Х |
| 1 | - | ibe the organization | tion's missic | n: | | | | | | |
| | <u>See Sche</u> | dule_0 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| - 2 | Did the organ | ization undortako | any cignifica | nt program convisos | during the year wh | ich were not listed on | the prior | | | |
| 2 | Form 990 or | | | | | | | | - V | Na |
| | | ribe these new s | | | | | | ·· Ye | S A | No |
| 3 | - | | | | changes in how it | conducts, any progra | am convicos? | | | No |
| э | | ribe these chang | | | changes in now it | conducts, any progra | | ··· Ye | SX | No |
| 4 | | | | | ate for apph of ite | three largest prograr | n convisos oc | monocurad b | | |
| - | Section 501(| c)(3) and 501(c) | (4) organiza | tions are required | to report the amo | unt of grants and allo | ocations to othe | ers, the total | expens | ses, |
| | and revenue | , íf ány, for each | program se | rvice reported. | | - | | | | |
| | | | | | | | | | | |
| 4 a | a (Code: |) (Expens | ses \$ <u>5</u> | ,489,415. inc | luding grants of | \$ |) (Revenue | \$ | |) |
| | <u>To provi</u> | <u>de educati</u> | <u>lon to s</u> | <u>tudents in g</u> | rades kinde | ergarten throu | <u>igh 8th gr</u> | ade to j | <u>prepa</u> | re |
| | | | | | | <u>ure by delive</u> | | | | |
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| | <u>strong</u> f | f <u>ocus on st</u> | <u>andards</u> | <u>-based educa</u> | <u>tion, benef</u> | iting approxi | <u>mately 47</u> | 9 | | |
| | <u>student</u> | <u>s.</u> | | | | | | | | |
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| 4 c | | m services (Des | | | | | | | | |
| | (Expenses | \$ | | including grants of | \$ |) (Reveni | ue \$ | |) | |
| 4 e | e Total program | m service expension | ses 🕨 | 5,489,41 | 5. | | | | | |
| D A A | | | | | | | | E ~ | rm 990 | (2017) |

Form 990 (2017)Challenge to Excellence Charter SchoolPart IVChecklist of Required Schedules

| | | | Yes | No |
|-----|---|------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| i | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | Х | |
| I | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| (| Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | Х | |
| (| Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| 1 | ⁵ 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 | 11 f | | Х |
| 12: | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| I | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | Х | |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| I | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| BAA | TEEA0103L 08/08/17 | Form | 990 | (2017) |

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| Form 990 (2017) | Challenge | to | Excellence | Charter | School |
|-----------------|----------------|-----|--------------|-----------|--------|
| Part IV Chec | klist of Requi | red | Schedules (c | ontinued) | |

| 1 41 | Checkist of Required Schedules (continued) | | Yes | No |
|------|---|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | Tes | X |
| Ł | 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. | 24a | Х | |
| ł | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| Ċ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | Х | |
| (| Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | Х | |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| ł | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | х |
| 26 | 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 disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | 26 | | Х |
| 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 entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| ä | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ł | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. | 28b | | х |
| C | 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? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i> | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ł | 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | 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 | 38 | X | |

Form 990 (2017)

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| Form 990 (2017) Challenge to Excellence Charter School 81-055 | 54704 | Ρ | age 5 |
|--|---------|-----|-------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a | 14 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a | 64 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | Х |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0. | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5b | | |
| - | | | |
| 6 a Does the organization have 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? | 6a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | ···· 7f | | Х |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | | | |
| organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| 11 Section 501(c)(12) organizations. Enter: | - | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> | 14b | 000 | |

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

| Check if Schedule O contains a response or note to a | any line | in this Part VI |
|--|----------|-----------------|
|--|----------|-----------------|

| Sec | tion A. Governing Body and Management | | | |
|------------------|--|------------|--------|---------|
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 1a 6 | | | |
| | 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. | | | |
| ŀ | | | | |
| 2 | Enter the number of voting members included in line 1a, above, who are independent [1b] 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | 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 | | | 37 |
| - | since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 5 | | X X |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization s assets? | 5 | | X |
| - | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | • | | <u></u> |
| , , | members of the governing body? | 7 a | | Х |
| Ł | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8 a | Х | |
| t | Each committee with authority to act on behalf of the governing body? | 8 b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i> | • | | v |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | 9 2V011 | ia Co | X |
| 000 | | | Yes | No |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10 a | | X |
| Ł | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their | | | |
| | operations are consistent with the organization's exempt purposes? | 10b | v | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this rolling 50. See Schedule O | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | 120 | 21 | |
| | to conflicts? | 12b | Х | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule . Q | 12 c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official. See Schedule. 0 | 15 a | Х | |
| t | Other officers or key employees of the organization | 15b | Х | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | Х |
| k | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| Sec | organization's exempt status with respect to such arrangements? | 16 b | | |
| <u>3ec</u> 17 | List the states with which a copy of this Form 990 is required to be filed ► CO | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. | only) | availa | able |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O | ble to | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | Donna Mitchell 16995 E Carlson Drive Parker CO 80134 (303)841-9816 | | | |

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| Form 990 (2017) Challenge to Excellence | e Chai | rtei | r S | ch | 00] | | | | 81-05547 | |
|---|--|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------|--|---------------------------------------|
| Part VII Compensation of Officers, Directo | ors, Tru | stee | es, l | Key | / Er | nplo | bye | es, Highest C | ompensated En | nployees, and |
| Independent Contractors | | | line | | h la i a | Daut | . /11 | | | |
| Check if Schedule O contains a response of Section A. Officers, Directors, Trustees, Ke | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| 1 a Complete this table for all persons required to be listed | | _ | | | | - | | • | | |
| organization's tax year. | . Report C | ompe | 1150 | lion | IOF | ne ca | liend | uar year enuing wit | I or within the | |
| • List all of the organization's current officers, dire | | | | | | | dua | ls or organization | s), regardless of an | nount of |
| | ompensation. 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) | | | | | | | | | |
| received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the reportable organizations. | | | | | | | | | | |
| • List all of the organization's former officers, key of reportable compensation from the organization and any | | | | | est o | comp | ens | ated employees v | ho received more t | han \$100,000 |
| • List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen | | | | | | | | | | |
| List persons in the following order: individual trustees employees; and former such persons. | or directo | rs; ir | stitu | utior | nal t | ruste | es; | officers; key emp | loyees; highest con | npensated |
| Check this box if neither the organization nor any relate | ed organiz | ation | con | nper | nsate | ed ang | y cu | rrent officer, direct | or, or trustee. | |
| | | | | (C) |) | | | | | |
| (A) | (B) | Pos | ition | (do n | iot ch | eck mo | ore | (D) | (E) | (F) |
| Name and Title | Average hours | | s both | n an c | | and a | | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | per week | <u>م</u> ۹ | л. | Q | Xe. | en | 공 | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | (list any hours for related organiza- | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest co employee | Former | | | organization and related |
| | related organiza- | ctor tor | iona | ì | old | 'ee | | | | organizations |
| | tions below | ruste | l tru: | | /ee | nper | | | | |
| | dotted line) | ĕ | stee | | | Highest compensated employee | | | | |
| (1) John Teska | 2 | | | | | d | | | | |
| Council Member | 0 | Х | | | | | | 0. | 0. | 0. |
| (2) Anne Denham | 2 | | | | | | | | | |
| Council Member | 0 | Х | | | | | | 0. | 0. | 0. |
| (3) John Backstrom | 2 | | | | | | | | | |
| Chairperson | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (4) Jocelyn Rhymer | 2 | | | | | | | | | |
| Vice-Chr &Treas | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (5) Alec Lee | 2 | | | | | | | | | |
| Secretary | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (6) Kimberly Hubbs | 2 | | | | | | | 0 | 0 | 0 |
| Council Member | 0 | Х | | | | | | 0. | 0. | 0. |
| (7) Donna Mitchell | $-\frac{40}{0}$ | | | v | | | | 101 500 | 0 | 20 625 |
| Principal (9) | 0 | | | Х | | | | 101,500. | 0. | 20,625. |
| | | • | | | | | | | | |
| (9) | | | | | | | | | | |
| - <u>`</u> ` | | 1 | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | - | | | | | |
| <u>\''/</u> | | 1 | 1 | | 1 | 1 | | | | |

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Form 990 (2017)

Form 990 (2017) Challenge to Excellence Charter School

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| | ection A. Officers, Directors, Tri | (B) | ney | | <u> </u> | C) | es, | and | a nighest con | | oyees | • (conti | nuea) |
|----------------------------|--|----------------------------------|----------------------|----------------------|---------------|--------------------|---------------------------------|---------------|-------------------------------------|--|-------|-------------------------------|-------|
| | (A) | Average | (do | not a | Po | sition | e than | one | (D) | (E) | | (F) | |
| | Name and title | hours per | box | , unle | ess p | erson | is bot or/trus | h an | Reportable compensation from | Reportable compensation from | amou | stimated unt of ot | ther |
| | | week (list any hours | Indiv or di | Instit | Officer | Key | emp | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | fi | pensati om the anizatio | |
| | | for related organiza | or director | nstitutional trustee | ĕ | Key employee | Highest compensated employee | ner | | | añ | d relate anizatio | d |
| | | - tions below dotted | frust | al trus | | oyee | mper | | | | | | |
| | | line) | 8 | tee | | | sated | - | | | | | |
| (15) | | | • | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| | | | • | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| | | | • | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | • | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1 b Sub-total | | | . | | | | | ► | 101,500. | 0. | | 20,6 | 625. |
| | n continuation sheets to Part VII, Secti | | | | | | | • | 0. | 0. | | | 0. |
| | d lines 1b and 1c) | | | | | | | | 101,500. | 0. | | | 625. |
| | brganization \blacktriangleright 1 | | 15100 | ubo | •0) | | 10001 | vcu | | | | | |
| _ | | | | | | | | | | | | Yes | No |
| 3 Did the or on line 1a | rganization list any former officer, direc ? If 'Yes,' complete Schedule J for suc | tor, or tru <i>h individu</i> | istee, <i>ial</i> | key | / en | nplo | yee, | or h | nighest compensa | ted employee | 3 | | Х |
| 4 For any ir | ndividual listed on line 1a, is the sum or ization and related organizations greate | f reportab | le co 50 0 | mpe | ensa If '\ | ation Yes | and | oth | er compensation | from | | | |
| such indiv | vidual | | | • • • • | | | | | | | 4 | | Х |
| | erson listed on line 1a receive or accru es rendered to the organization? If 'Yes | e comper s,' comple | isatio ete So | on fr chec | om dule | any <i>J fo</i> | unre r suc | elate ch p | ed organization or erson | | 5 | | Х |
| Section B. II | ndependent Contractors this table for your five highest compen | sated ind | epen | den | t co | ntra | ctors | tha | t received more t | nan \$100.000 of | | | |
| compensa | this table for your five highest compention from the organization. Report comper | | the c | alen | dar | year | endi | ng v | | | | ~ | |
| | (A) Name and business add | ress | | | | | | | (B) Description o | of services | Compe | C) Insatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ber of independent contractors (including l of compensation from the organization | | ited to | o the | ose | listeo | d abo | ve) | who received more | than | | | |

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Form 990 (2017) Challenge to Excellence Charter School

Part VIII Statement of Revenue

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

| | Check if Schedule O contains a response of note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|-----------------------------------|--|--|--|
| s s | 1 a Federated campaigns 1 a | | 10101140 | | |
| ran | b Membership dues 1 b | - | | | |
| D G | c Fundraising events 1c | _ | | | |
| iifts ar A | d Related organizations 1 d | - | | | |
| s, G mil | e Government grants (contributions) 1e 152, 393 | L. | | | |
| r Si | f All other contributions, gifts, grants, and | | | | |
| but | similar amounts not included above 1 f | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions included in lines 1a-1f: \$ | | | | |
| | h Total. Add lines 1a-1f | ▶ 152,391. | | | |
| onu | Business Code | | | | |
| evel | 2a Per Pupil Revenue 611710 | 3,516,295. | 3,516,295. | | |
| еË | b <u>Mill Levy</u> 611710 | 260,326. | 260,326. | | |
| vic | c <u>Tuition</u> 611710 | 201,093. | 201,093. | | |
| Sel | d Pupil Activity Fees 611710 | 70,845. | 70,845. | | |
| ram | • <u>Material Fees</u> 611710 | 54,101. | 54,101. | | |
| Program Service Revenue | f All other program service revenue WKS g Total. Add lines 2a-2f | <u>25,686.</u> ► 4 128 346 | 25,686. | | |
| ٩. | - | ▶ 4,128,346. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | ▶ 24,658. | | | 24,658. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | 24,000. |
| | 5 Royalties | • | | | |
| | (i) Real (ii) Personal | | | | |
| | 6 a Gross rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | • | | | |
| | 7 a Gross amount from sales of assets other than inventory | | | | |
| | b Less: cost or other basis and sales expenses | _ | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | • | | | |
| Other Revenue | 8 a Gross income from fundraising events (not including. \$ | | | | |
| Ъ | See Part IV, line 18 a 73, 139 | θ. | | | |
| Jer | b Less: direct expenses b 35,016 | 5 . | | | |
| đ | c Net income or (loss) from fundraising events | ▶ 38,123. | | | 38,123. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | • | | | |
| | 10a Gross sales of inventory, less returns and allowancesa | | | | |
| | b Less: cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | ► | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a <u>Rents</u> | 171. | | | 171. |
| | b | | | | |
| | | | | | |
| | d All other revenue | • 484 | | | |
| | e Total. Add lines 11a-11d | ±/±• | 4 100 240 | ^ | CO 050 |
| BAA | | ► 4,343,689. EEA0109L 08/08/17 | 4,128,346. | 0 | . 62,952. Form 990 (2017) |

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Form 990 (2017) Challenge to Excellence Charter School 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).

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| 00 r 66, 1 | ot include amounts reported on lines /b, 8b, 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 and domestic governments. See Part IV, line 21 | | | | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 124,221. | 0. | 124,221. | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0 |
| 7 | Other salaries and wages | 2,150,754. | 1,962,688. | 188,066. | ° |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) | | | | |
| ~ | employer contributions) | 411,031. | 391,741. | 19,290. | |
| | Other employee benefits | 219,654. | 206,610. | 13,044. | |
| | Payroll taxes | 37,990. | 37,980. | 10. | |
| | Fees for services (non-employees): | | | | |
| | Management | 1 050 | | 1 050 | |
| | | 1,053. | | 1,053. | |
| | Accounting | 7,500. | | 7,500. | |
| | Lobbying. | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion | 334,481. 3,219. | 303,283. | <u>31,198.</u> 3,219. | |
| 3 | Office expenses | - / | | - / | |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 85,215. | | 85,215. | |
| 7 | Travel | 11,400. | | 11,400. | |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 201,974. | | 201,974. | |
| 1 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 246,787. | 207,123. | 39,664. | |
| 23 | Insurance | 26,819. | | 26,819. | |
| 4 | 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 | Instructional Accrual Expense | 2,123,086. | 2,123,086. | | |
| | Support Accrual Expense | 588,528. | | 588,528. | |
| С | Supplies | 235,600. | 161,431. | 74,169. | |
| d | Cost of Issuance | 86,787. | | 86,787. | |
| е | All other expenses | 167,879. | 95,473. | 72,406. | |
| 5 | Total functional expenses. Add lines 1 through 24e | 7,063,978. | 5,489,415. | 1,574,563. | C |
| 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 | | | | |

Form 990 (2017) Challenge to Excellence Charter School Part X Balance Sheet

| Check if Schedule O contains a response or note to | any line | e in this Part X | | | |
|---|--|--|---|---|--|
| | | | (A) Beginning of year | | (B) End of year |
| | | | Beginning of year | | End of year |
| Cash – non-interest-bearing | | | 494,861. | 1 | 757,715 |
| | | | 1,750,246. | 2 | 1,735,827 |
| Pledges and grants receivable, net | | | | 3 | |
| Accounts receivable, net | | | 305. | 4 | |
| trustees, key employees, and highest compensated en | | 5 | | | |
| Loans and other receivables from other disqualified po- section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete | ersons (a 3)(B), and (9) volun Part II d | as defined under d contributing tary employees' of Schedule L | | 6 | |
| | | | | 7 | |
| Inventories for sale or use | | • | | 8 | |
| Prepaid expenses and deferred charges | | | 9,815, | 9 | |
| | i i | - | 570101 | | |
| Less: accumulated depreciation | 10b | 2 660 987 | 4 564 493 | 10 c | 4,340,201 |
| | | | 4,304,433. | | 4,540,201 |
| | | | | | |
| | | | | | |
| , - | | | | - | |
| | | | 5 572 021 | | 4,859,941 |
| | | | | | 11,693,684 |
| | | | | | 225,822 |
| | | | 192,113. | | 225,022 |
| | | | 500. | 19 | |
| Tax-exempt bond liabilities | | • | | 20 | 5,640,654 |
| Escrow or custodial account liability. Complete Part I | V of Sch | edule D | -, -, | 21 | |
| Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L | | 22 | | | |
| | | | | | |
| | • | | | - | |
| · - | • | | 12 274 147 | | 15,713,051 |
| | | | | 26 | 21,579,527 |
| Organizations that follow SFAS 117 (ASC 958), check he | | and complete | | | , |
| | - | _ | | | |
| | | | | 27 | |
| | | | | | |
| | | | | 29 | |
| Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34. | eck here | ► X | | | |
| Capital stock or trust principal, or current funds | | | -6,106,181. | 30 | -9,885,843 |
| Paid-in or capital surplus, or land, building, or equipm | ent fund | | | 31 | |
| Retained earnings, endowment, accumulated income, | or other | funds | | 32 | |
| | | | | 33 | -9,885,843 |
| | | | | 34 | 11,693,684 |
| | Savings and temporary cash investments. Pledges and grants receivable, net. Accounts receivable, net. Loans and other receivables from current and former trustees, key employees, and highest compensated en Part II of Schedule L. Loans and other receivables from other disqualified prise section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. Less: accumulated depreciation. Investments – publicly traded securities. Investments – publicly traded securities. Investments – program-related. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Intangible assets. Other assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses. Grants payable. Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part I Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com Total liabilities. Add lines 117 through 25. Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Permanently restricted net assets. Permanently | Savings and temporary cash investments. Pledges and grants receivable, net. Accounts receivable, net. Loans and other receivables from current and former officers, trustees, key employees, and highest compensated employees Part II of Schedule L. Loans and other receivables from other disqualified persons (a section 4958(p(1)), persons described in section 4958(c)(3)(B), and employers and sponsoring organizations of section 501(c)(9) volum beneficiary organizations (see instructions). Complete Part II of Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. Investments – publicly traded securities. Investments – publicly traded securities. Investments – publicly traded securities. Investments – program-related. See Part IV, line 11. Investments – program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Total assets . Add lines 1 through 15 (must equal line 34). Accounts payable and accrued expenses. Grants payable. Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Sch Loans and other payables to current and former officers, direc key employees, highest compensated employees, and disqual Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24). Complete Par Total liabilities . Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Permanently restricted net assets. Permanently restricted net assets. Part liabilities of trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other Total net asse | Savings and temporary cash investments. Pledges and grants receivable, net. Accounts receivable, net. Accounts receivable, net. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(1)(3)(8)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Integration (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Savings and temporary cash investments 1,750,246. Pledges and grants receivable, net. 305. Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 305. Part II of Schedule L. 305. Loans and other receivables from other disqualified persons (as defined under section 4958(C)(30); and contributing employees or ganizations (see instructions). Complete Part II of Schedule L. 9,815. Notes and loans receivable, net. 9,815. Land, buildings, and equipment: cost or other basis. 10a 7,001,188. Less: accumulated depreciation. 10b 2,660,987. 4,564,493. Investments – publicly traded securities. 10b 2,7001,188. 12,27,834. Total assets. Add lines 1 through 15 (must equal line 34). 12,2715,756. 500. Secure mortages and notes payable to unrelated third parties. 13,274,147. 13,274,147. Total assets. 100 complete Part I of Schedule D. | Savings and temporary cash investments. 1,750,246.2 Pledges and grants receivable, net. 3 Accounts receivable, net. 305.4 Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 5 Loars and other receivables from other disgualified persons (as defined under section 4958(G)(8), 8) and conthuling employees and sponsoring organizations (Section 4958(G)(8), and conthuling employees and sponsoring organizations (Section 4958(G)(8), and conthuling employees 6 Notes and loans receivable, net. 7 Investments and deferred charges. 9, 815.9 Land, buildings, and equipment: cost or other basis. 10a 7, 001, 188. Complete Part IV of Schedule D. 11 12 Investments – publicly traded securities. 11 12 Investments – publicly traded securities. 11 12 Investments – publicly traded securities. 14 12, 392, 554, 16 Carants payable and accrued expenses. 13 12, 392, 554, 16 Carants payable and accrued expenses. 12 13, 274, 147, 25 Corants payable and accrued exployees, and disculated mid parties. 23 23 Unsecured |

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| Form | n 990 (2017) Challenge to Excellence Charter School 81-0 | 0554704 | | Pa | age 12 |
|------|---|---------|------|-------------|---------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | . Х |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,3 | 43,6 | 589. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | - | 978. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,7 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | -6,8 | | |
| 5 | Net unrealized gains (losses) on investments. | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) See Schedule O | 9 | -3 | 14,9 | 990. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| _ | column (B)) | 10 | -9,8 | 85,8 | 343. |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis | d on a | | | |
| b | b Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis | te | | | |
| c | 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? | | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3 a | a 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 | | Х |
| Ł | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | | | Form | 99 0 | (2017) |

| SCH | EDUL | E A | 1 |
|-------|-------|-------|-------|
| (Form | 990 o | r 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. ► Attach to Form 990 or Form 990-EZ

2017

OMB No. 1545-0047

| | | | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | Open to Public Inspection |
|------------|--|--|--|--|------------------------------|---|---|---|
| | ne organization | | | | | | Employer identifica | |
| | Challenge to Excellence Charter School 81-0554704 | | | | | | | |
| Part I | | | | rganizations must o | | | | tions. |
| Ĕ | - | • | • | For lines 1 through 12, | | 2 | , | |
| 1 | | | | nurches described in sec | | | ı). | |
| 2 <u>X</u> | | | | Schedule E (Form 990 or | | | | |
| 3 | | • | | ization described in se | | | | |
| 4 | 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: | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 | A federal, sta | te, or local gov | ernment or governme | ental unit described in s | section 1 | 1 70(b)(1) | (A)(v). | |
| 7 | An organizatio | n that normally r 0(b)(1)(A)(vi).(| eceives a substantial p Complete Part II.) | part of its support from a | governm | iental un | it or from the general pul | blic described |
| 8 | A community | trust described | in section 170(b)(1)(| A)(vi). (Complete Part | ll.) | | | |
| 9 | | r a non-land-grai | nt college of agriculture | tion 170(b)(1)(A)(ix) oper (see instructions). Enter | r the nan | | | |
| 10 | from activities investment in | n that normally r s related to its e come and unre | eceives: (1) more than exempt functions-sub | 33-1/3% of its support fr pject to certain exception e income (less section | rom cont | (2) no | more than 33-1/3% of i | ts support from gross |
| 11 | An organizati | on organized a | nd operated exclusive | ely to test for public saf | ety. See | section | n 509(a)(4). | |
| 12 | or more publi | cly supported o | rganizations describe | ely for the benefit of, to d in section 509(a)(1) of upporting organization | or sectic | on 509(a |)(2). See section 509(a | ut the purposes of one)(3). Check the box in |
| а | Type I. A supp organization(s) | orting organizati | on operated, supervise gularly appoint or elect | d, or controlled by its sup a majority of the directo | ported o | organizat | ion(s), typically by giving | the supported on. You must |
| b | management of | porting organiz of the supporting te Part IV, Sect | organization vested in | ontrolled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), by the supported organizat | having control or ion(s). You |
| с | Type III function | nally integrated s) (see instructi | . A supporting organizat ons). You must com | ion operated in connectio | n with, a A, D, an | nd functi d E. | onally integrated with, its | supported |
| d | functionally ir | ntegrated. The c | organization generally | anization operated in con must satisfy a distribution A and D, and Part V. | ition rea | with its s uiremen | supported organization(s) t and an attentiveness |) that is not requirement (see |
| e [| Check this bo integrated, or | x if the organiz Type III non-fu | ation received a writte | en determination from supporting organizatior | the IRS า. | | | e III functionally |
| f E n P | rovide the follow | wing informatio | n about the supported | d organization(s). | | | | |
| | lame of supported o | - | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organiza in your o | ls the tion listed governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |

Total

| | enarrenge co | Encorrence charcer beneer | 01 000110 |
|--------------------------------------|--------------|---------------------------|------------|
| Schedule A (Form 990 or 990-EZ) 2017 | Challenge to | Excellence Charter School | 81-0554704 |

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.)

Section A. Public Support

| | ndar year (or fiscal year nning 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.') | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| Sec | tion B. Total Support | 1 | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activ | vities, etc. (see in | structions) | | | 12 | | |
| 13 | First five years. If the Form 990 is organization, check this box and | | | | | | ► | |
| | tion C. Computation of Pu | | | | | | | |
| | Public support percentage for 20 | | | | | | % | |
| | Public support percentage from | | | | | · · · · · · | % | |
| 16a | 16a 33-1/3% support test–2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization► | | | | | | | |
| b | b 33-1/3% support test–2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-; | and-circumstance | s' test check this | hox and stop her | e. Explain in Part | VI how | |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstance test. The organiza | s' test, check this ation qualifies as a | box and stop her a publicly support | e. Explain in Part ed organization. | VI how the | |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 1/b, check th | is box and see ins | structions ► | |
| BAA | | | | | Scl | nedule A (Form 99 | 0 or 990-EZ) 2017 | |

Schedule A (Form 990 or 990-EZ) 2017

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.) Part III

| Sec | tion A. Public Support | | | - | _ | | |
|------------------|---|---------------------|--|---|----------------------|--------------------|------------------|
| Calen | dar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| I | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| | that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and | | | | | | |
| | either paid to or expended on | | | | | | |
| 5 | its behalf The value of services or | | | | | | |
| 5 | facilities furnished by a | | | | | | |
| | governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from disqualified persons. | | | | | | |
| Ь | Amounts included on lines 2 | | | | | | |
| 5 | and 3 received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or | | | | | | |
| | 1% of the amount on line 13 | | | | | | |
| • | for the year | | | | | | |
| 8 | Public support. (Subtract line | | | | | | |
| - | 7c from linė 6.) | | | | | | |
| Sec | tion B. Total Support | | | | _ | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| b | similar sources Unrelated business taxable | | | | | | |
| - | income (less section 511 | | | | | | |
| | taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| 10 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, | | | | | | |
| 14 | 10c, 11, and 12.) First five years. If the Form 990 | is for the organiz | ation's first secon | nd third fourth (| or fifth tay year as | a section 501(c)(3 | 3) |
| | organization, check this box and | stop here | | | | | |
| Sec | tion C. Computation of Pu | | • | | | | |
| 15 | Public support percentage for 20 | - | | | | | 00 0 |
| 16 <u>Car</u> | Public support percentage from | | | | | | 010 |
| | tion D. Computation of Inv | | | | | | 0. |
| 17 | Investment income percentage f | • | | - | | | 00 |
| 18 | Investment income percentage f | | | | | | |
| 198 | 33-1/3% support tests — 2017. If is not more than 33-1/3%, check | this box and stc | bid not check the long here. The organ | box on line 14, a nization qualifies | as a publicly subr | orted organization | u iine i / ►□ |
| b | 33-1/3% support tests-2016. If | the organization of | did not check a bo | ox on line 14 or li | ne 19a, and line 1 | 6 is more than 33- | 1/3%, and |
| | line 18 is not more than 33-1/3% | | | | • | | |
| 20 BAA | Private foundation. If the organi | | | | | see instructions. | |

81-0554704

Page 4

No

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (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.)

Challenge to Excellence Charter School

Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

| | | | res | NO |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No.' describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

81-0554704

Page 5

Yes

Voc No

No

Yes

2a

2b

3a

3h

1

2

No

| Schedule A (Form 990 or 990-EZ) 2017 Challenge to Excellence Charter | | | 554704 Page |
|--|-----------|--------------------------|--------------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or 1 Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organization | ust on No | ov. 20, 1970 (explain in | n Part VI). See through E. |
| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| ection B – Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year): | rt | | |
| 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 | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ection C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a pen functionally if | ntogrator | Tune III currenting or | appization |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017Challenge to Excellence Charter School81-055

| 4704 Page 7 | ' |
|-------------|---|
|-------------|---|

| Par | | upporting Organiza | ations (continued) | |
|-----|---|--------------------------------|--|---|
| Sec | tion D – Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organization | IS, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | upported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organizati in Part VI). See instructions. | ion is responsive (provide | e details | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| | From 2013 | | | |
| c | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| 1 | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | 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. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| | Excess from 2017 | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

Department of the Treasury Internal Revenue Service Name of the organization

| Name of the organization | | Employer identification number | | | | |
|--------------------------------|---|--|--|--|--|--|
| Challenge to Excellenc | e Charter School | 81-0554704 | | | | |
| Organization type (check one): | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | \overline{X} 501(c)(3) (enter number) orga | inization | | | | |
| | 4947(a)(1) nonexempt charitable tru | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | 1 | | | | |
| | 4947(a)(1) nonexempt charitable tru | ust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | 1 | | | | |

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017) | Page | 1 | of | 1 | of Part I |
|---|----------|----------|------------|------|-----------|
| Name of organization | Employer | identifi | cation nur | nber | |
| Challenge to Excellence Charter School | 81-05 | 5470 |)4 | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed. | |
|---------------|---|-------------------------------|--|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>1</u> | Douglas County School District 620 Wilcox Street Castle Rock, CO 80104 | \$152,391. | Person X Payroll Noncash (Complete Part II for |
| | | - | noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017) | Page | 1 | to 1 | of Part II |
|---|------|-------|-------------------|------------|
| Name of organization | | Emple | oyer identificati | on number |
| Challenge to Excellence Charter School | | 81- | 0554704 | |
| | | | | |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| art II | Noncash Property (see instructions). Use duplicate copies of Part II if additio | nai space is needed. | |
|---------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | | | |
| | | | |
| (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 |
| | | | |
| | | | |
| | <u> </u> | | |

| | 3 (Form 990, 990-EZ, or 990-PF) (2017) | | | Page | 1 to | 1 | of Part III | | |
|--------------------|---|-------------------------------------|--------------|---------------|-----------------------|-----------|----------------------|--|--|
| Name of organ | | _ | | | Employer ider | | number | | |
| | nge to Excellence Charter Sc | | | | 81-0554 | | | | |
| Part III | | | | | | | :)(7), (8) , | | |
| | or (10) that total more than \$1,000 for t | he year from any one contribu | utor. Comple | te columns (a | a) through (e) ar | ıd | | | |
| | the following line entry. For organizations c | ompleting Part III, enter the total | of exclusive | ely religious | , charitable, e | tc., | /- | | |
| | contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | space is needed. | | 15.) | <u>-</u> | | N/A | | |
| (a) | | | | | (h) | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | Des | (d) cription of ho | w gift is | s held | | |
| Part I | | | | | | | | | |
| | <u>N/A</u> | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addres | s, and ZIP + 4 | Rela | tionship of | transferor to | transfe | ree | | |
| | | -, | | | | | | | |
| | | + | | | | | | | |
| | | + | | | | | | | |
| | | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | | (d) cription of ho | | | | |
| No. from Part I | Purpose of gift | Use of gift | | Des | cription of ho | w gift is | s held | | |
| Farti | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | (e) | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addres | s, and ZIP + 4 | Rela | tionship of | transferor to | transfe | ree | | |
| | | | | | | | | | |
| | L | | | | | | | | |
| | L | | | | | | | | |
| (-) | | | | r | (.)) | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | Des | (d) cription of ho | w aift is | s held | | |
| Part I | | , | | | • | 5 | | | |
| | L | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addres | | Rela | tionship of | transferor to | transfe | ree | | |
| | · · · · · | , | | • | | | | | |
| | | + | | | | | | | |
| | | | | | | | | | |
| | F | + | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | | (d) cription of ho | | | | |
| No. from Part I | Purpose of gift | Use of gift | | Des | cription of ho | w gift is | s held | | |
| raiti | | | | | | | | | |
| | | | | + | | | | | |
| | | | | + | | | | | |
| | F | | | + | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | | | | | | | | | |
| | Transferee's name, addres | Rela | tionship of | transferor to | transfe | eree | | | |
| | L | | | | | | | | |
| | L | | | | | | | | |
| | L | | | | | | | | |
| | | | <u> </u> | dada D (C | | | | | |
| BAA | | | Sche | aule B (Fori | n 990, 990-EZ, | or 990- | rr)(201/) | | |

| SCI | SCHEDULE D Supplemental Financial Statements | | | | | OMB No. 15 | 45-0047 | | | |
|-------|---|--|--|---|--------------------------|----------------------------|-------------------------------------|-----------|--|--|
| | (Form 990) ► 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. | | | | | | | 2017 | | |
| Depar | epartment of the Treasury | | | | | Open to | | | | |
| | | | | | | | Inspection identification number | | | |
| | | | | | | | | | | |
| | | e to Excellence Ch | | | | 81-055 | 4704 | | | |
| Par | t I Organizat Complete | tions Maintaining Donc if the organization ans | or Advised Funds or Ot wered 'Yes' on Form 99 | her Similar Fund: 0, Part IV, line 6. | s or Ac | counts. | | | | |
| | | - | (a) Donor advised | d funds | (b) F | unds and | other accoun | ts | | |
| 1 | Total number at e | end of year | | | | | | | | |
| 2 | | ntributions to (during year) | | | | | | | | |
| 3 | | ants from (during year) | | | | | | | | |
| 4 | Aggregate value a | at end of year | | | | | | | | |
| 5 | Did the organizati are the organizati | ion inform all donors and do ion's property, subject to the | nor advisors in writing that th organization's exclusive lega | e assets held in donc al control? | or advised | funds | Yes | No | | |
| 6 | Did the organizati | ion inform all grantees, dong | rs, and donor advisors in wri t of the donor or donor adviso | ting that grant funds | can be us | ed only | | | | |
| | impermissible pri | vate benefit? | | | | | Yes | No | | |
| Par | | tion Easements. | | | | | | | | |
| | | | wered 'Yes' on Form 99 | | • | | | | | |
| 1 | | | y the organization (check all | | . I.: . I | II : | | | | |
| | | of land for public use (e.g., i natural habitat | ecreation or education) | Preservation of a | | 5 1 | | | | |
| | | of open space | | Preservation of a | | HISTORIC SU | ucture | | | |
| 2 | | | neld a qualified conservation co | ontribution in the form o | of a conse | vation ease | ement on the | | | |
| | last day of the tax | | | | | | | X | | |
| | Total number of c | conservation easements | | | | Held at the | End of the T | ax rear | | |
| | | | ments. | | | | | | | |
| | - | - | fied historic structure include | | | | | | | |
| (| | | n (c) acquired after 7/25/06, | | | | | | | |
| 3 | Number of conserv | 5 | nsferred, released, extinguished | | 2 d organizati | on during th | ie | | | |
| л | tax year ► | where property subject to conse | viviation accoment is leasted | | | | | | | |
| 5 | | | garding the periodic monitor | ng, inspection, handl | ina of vio | lations. | | | | |
| | | | nts it holds? | | | | Yes | No | | |
| 6 | Staff and volunteer ► | r hours devoted to monitoring, | inspecting, handling of violation | ns, and enforcing conse | ervation ea | asements du | uring the year | | | |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | ecting, handling of violations, a | nd enforcing conservati | ion easem | ents during | the year | | | |
| 8 | and section 170(h | ı)(4)(B)(ii)? | n line 2(d) above satisfy the | | | | Yes | No | | |
| 9 | In Part XIII, describ include, if applica conservation ease | able, the text of the footnote | s conservation easements in its to the organization's financia | revenue and expense I statements that des | statement cribes the | , and balan organizat | ce sheet, and ion's account | ing for | | |
| Par | t III Organizat Complete | tions Maintaining Colle if the organization ans | ctions of Art, Historica wered 'Yes' on Form 99 | I Treasures, or O 00, Part IV, line 8 | ther Sir | nilar Ass | ets. | | | |
| 1; | art, historical treas | ures, or other similar assets he | r SFAS 116 (ASC 958), not t eld for public exhibition, educat ncial statements that describe | ion, or research in furth | e stateme nerance of | nt and bala public serv | ance sheet w ice, provide, | orks of | | |
| I | following amounts | s relating to these items: | r SFAS 116 (ASC 958), to re or public exhibition, education, | | | | e sheet works provide the | s of art, | | |
| | •• | | line 1 | | | | | | | |
| ~ | · · | | | | | - | | | | |
| | | | nistorical treasures, or other sin 116 (ASC 958) relating to the | | | | lowing | | | |
| | | | | | | | | | | |
| | | | e Instructions for Form 990. | | | | ule D (Form | 990) 2017 | | |

| Schedule D (Form 990) 2017 Chall | | | | | 81-055 | | Page 2 |
|---|-------------------------|--------------------------------------|-----------------------------|----------------------------------|------------------------------|--------------------|----------|
| Part III Organizations Mainta | ining Colle | ctions of Art, | Historica | l Treasures, or | Other Similar Ass | ets (continu | ıed) |
| 3 Using the organization's acquisition items (check all that apply): | i, accession, ai | nd other records, o | check any of | the following that an | e a significant use of its o | collection | |
| a Public exhibition | | d | Loan or ex | change programs | | | |
| b Scholarly research | | e | Other | | | | |
| c Preservation for future gener | ations | | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collecti | ons and explain h | ow they furth | er the organization's | s exempt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | | | | | | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | I Arrangen amount on | ients. Comple Form 990, Pa | ete if the c art X, line | rganization ans 21. | swered 'Yes' on Fo | rm 990, Par | rt IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodia | n or other interm | ediary for c | ontributions or othe | er assets not included | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | | | |
| | | | J., | | | Amount | |
| c Beginning balance | | | | | 1c | | |
| d Additions during the year | | | | | 1d | | |
| e Distributions during the year | | | | | 1e | | |
| f Ending balance | | | | | 1f | | |
| 2 a Did the organization include an a | amount on For | m 990, Part X, li | ne 21, for e | scrow or custodial | account liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. | Check here if the | explanation | has been provide | d on Part XIII | | 7 |
| | | | | | | | |
| Part V Endowment Funds. C | omplete if | <u>the organizati</u> | on answe | red 'Yes' on Fo | <u>rm 990, Part IV, lir</u> | <u>ie 10.</u> | |
| | (a) Current | year (b) F | Prior year | (c) Two years back | (d) Three years back | (e) Four year | rs back |
| 1 a Beginning of year balance | | | | | | | |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentag | e of the curre | nt year end balar | nce (line 1g | column (a)) held a | as: | | |
| a Board designated or quasi-endowm | | 00 | | | | | |
| b Permanent endowment | 010 | | | | | | |
| c Temporarily restricted endowmen | nt 🕨 | 010 | | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should e | qual 100%. | | | | | |
| 3a Are there endowment funds not in t | he possession | of the organizatio | n that are he | ld and administered | for the | | |
| organization by: | | - | | | | Yes | No |
| (i) unrelated organizations | | | | | | 3a(i) | <u> </u> |
| (ii) related organizations | | | | | | 3a(ii) | <u> </u> |
| b If 'Yes' on line 3a(ii), are the rela | - | | | | | . 3b | |
| 4 Describe in Part XIII the intended | | | dowment fu | nds. | | | |
| Part VI Land, Buildings, and | | | | | | | |
| Complete if the organ | ization ansv | wered 'Yes' or | n Form 99 | 0, Part IV, line | 11a. See Form 99 | 0, Part X, li | ne 10. |
| Description of property | | (a) Cost or other (investment | basis (b) |) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book va | alue |
| 1 a Land | | | | 1,010,419. | | 1,010 | ,419. |
| b Buildings | | | | 4,754,070. | 2,159,611. | 2,594 | |
| c Leasehold improvements | | | | 1,027,879. | 339,801. | 688 | ,078. |
| d Equipment | | | | 208,820. | 161,575. | | ,245. |
| e Other | | | | | | | |
| Total. Add lines 1a through 1e. (Colum | nn (d) must ea | gual Form 990, P | art X, colun | nn (B), line 10c.) | | 4,340 | |
| BAA | | | | | Schedu | ule D (Form 990 | |

| Schedule D (Form 990) 2017 Challenge to Excel | lence Charter | School 81 | -0554704 Page 3 |
|--|--------------------------------|-------------------------------------|---|
| Part VII Investments – Other Securities. | | N/A | |
| Complete if the organization answered | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | ^r end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests. | | | |
| (3) Other | | | |
| (A) (P) | | | |
| (B) | | | |
| (C) (D) | | | |
| (6) (E) | | | |
| (F) | | | |
| <u>(G)</u> | | | |
| <u>(H)</u> | | | |
| () | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► | | | |
| Part VIII Investments – Program Related. | | N/A | |
| Complete if the organization answered | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost of | r end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | | |
| Part IX Other Assets. | » <i>(</i>) = 000 | B | |
| Complete if the organization answered | 'Yes' on Form 990 scription | , Part IV, line 11d. See Foi | rm 990, Part X, line 15 (b) Book value |
| (1) Loss of Debt Refunding, Net | | | 213,687. |
| (2) OPEB Deferred Outflows | | | 22,055. |
| (3) Pension Deferred Outflows-GASB 68 | | | 4,624,199. |
| (4) Restricted Cash | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| (7) (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (E | B) line 15.) | | ▶ 4,859,941. |
| Part X Other Liabilities. | , , | | -,000,0120 |
| Complete if the organization answered 'Yes' on F | | e or 11f. See Form 990, Part X, lin | ne 25 |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | . | 1 | |
| (2) Deferred Inflows - OPEB (3) Not OPEP Lipbility | 5,64 | | |
| (3) Net OPEB Liability (4) Net Pension Liability | 14,766,39 | | |
| (5) Pension Deferred Inflows - GASB 68 | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) Tatal (Column (b) must equal form 000 Part V, column (D) line 25.) | ► 1E 710 0F | 1 | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | , , | * | ation's liability for uncortain |

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.

| Schedule D (Form 990) 2017 Challenge to Excellence Charter School | 81-0554704 | Page 4 |
|--|------------|-----------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 4 | ,343,689. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments 2a | | |
| b Donated services and use of facilities 2 b | | |
| c Recoveries of prior year grants 2c | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d. | 2e | |
| 3 Subtract line 2e from line 1. | 3 4 | ,343,689. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) 4b | | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 4 | ,343,689. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 7 | ,063,978. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | · · · |
| a Donated services and use of facilities 2a | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d. | 2e | |
| 3 Subtract line 2e from line 1 | 3 7 | ,063,978. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| 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 | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 7 | ,063,978. |
| Part XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| | Schools | OMB N | √o. 15⁄ | 45-004 | 17 | | |
|--|---|----------------|----------------|-----------|-------|--|--|
| SCHEDULE E (Form 990 or 990-EZ) | Part IV, line 13, or Form 990-EZ, Part VI, line 48. | | | | ic | | |
| Department of the Treasury Internal Revenue Service | ► Go to www.irs.gov/Form990 for the latest information. | | | | | | |
| Name of the organization | Challenge to Excellence Charter School | | r | | | | |
| Part I | 81-0554704 | 4 | | | | | |
| | | | ۲ | ES | NO | | |
| 1 Does the organiz governing instrur | ation have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, on nent, or in a resolution of its governing body? | other 1 | | Х | | | |
| catalogues, and o | ation include a statement of its racially nondiscriminatory policy toward students in all its brochures other written communications with the public dealing with student admissions, programs, ? | | 2 | X | | | |
| 3 Has the organiza period of solicitation the policy known to the | tion publicized its racially nondiscriminatory policy through newspaper or broadcast media during the fourt of for students, or during the registration period if it has no solicitation program, in a way that makes of all parts of the general community it serves? If 'Yes,' please describe, If 'No,' please explain. If you | he | | | | | |
| need more space | , use Part II. | 3 | 3 | Х | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 Does the organiz | ation maintain the following? | | | | | | |
| - | g the racial composition of the student body, faculty, and administrative staff? | 4 | 4a | Х | | | |
| b Records docume | nting that scholarships and other financial assistance are awarded on a racially | | | | | | |
| - | y basis? | 4 | 4b | Х | | | |
| | sgues, brochures, announcements, and other written communications to the public dealing with ns, programs, and scholarships? | 4 | 4c | Х | | | |
| • | erial used by the organization or on its behalf to solicit contributions? | 4 | 4 d | Х | | | |
| If you answered | No' to any of the above, please explain. If you need more space, use Part II. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ation discriminate by race in any way with respect to: or privileges? | ç | 5 a | | Х | | |
| | , pronogoo. | | <u>, a</u> | | Λ | | |
| b Admissions polic | ies? | 5 | 5 b | | Х | | |
| c Employment of fa | aculty or administrative staff? | 5 | ōc | | Х | | |
| | | | | | | | |
| d Scholarships or c | ther financial assistance? | 5 | 5 d | | Х | | |
| e Educational polic | ies? | 5 | Бe | | Х | | |
| f Use of facilities? | | F | 5 f | | Х | | |
| | | | | | | | |
| g Athletic programs | 5? | 5 | 5 g | | Х | | |
| h Other extracurric | ular activities? | 5 | 5 h | | Х | | |
| If you answered ' | Yes' to any of the above, please explain. If you need more space, use Part II. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ation receive any financial aid or assistance from a governmental agency? | | 5a 6b | Х | v | | |
| | es' on either line 6a or line 6b, explain on Part II. See Part II | | , 0 | | X | | |
| 7 Does the organiz | ation certify that it has complied with the applicable requirements of sections | | | | | | |
| | of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If Part II | 7 | , | Х | | | |
| BAA For Paperwork Re | duction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form TEEA3401L 08/09/17 | 1 990 or 9 | 99 0 -1 | EZ) (| 2017) | | |

Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency

Per pupil revenue, as well as pass through grant money is received from the

Douglas County School District.

| | Suppleme | ental Informa | tion Reg | jarding F | undraising or Gami | ng Activities | OMB No. 1545-0047 | | | | |
|--|--|---|------------------------------|--|--|--|---|--|--|--|--|
| SCHEDULE G (Form 990 or 990-EZ) | DULE G Complete if the organization answered 'Ves' on Form 990 Part IV line 17, 18, or 19, or if the | | | | | | 2017 | | | | |
| Department of the Treasury Internal Revenue Service | | - | Attach f | to Form 990 | or Form 990-EZ.) for the latest instructi | Open to P | | | | | |
| Name of the organization | waallanga (| Thartor Ca | hool | | | Employer identif | | | | | |
| Challenge to E | Activities. Comple | te if the organiza | ation answe | ered 'Yes' o | on Form 990, Part IV, line | 81-05547 e 17. | 04 | | | | |
| Fart Form 990-E | Z filers are not re | quired to comp | lete this p | art. | owing activities. Check | | | | | | |
| a Mail solicitati | 0 | | lough any | e נוופ וסוו | | 11.5 | | | | | |
| b Internet and | email solicitations | 5 | | f | Solicitation of gove | ernment grants | | | | | |
| c Phone solicit | | | | g | X Special fundraising | events | | | | | |
| d In-person sol | | r orol ogroomon | t with ony i | ndividual (i | including officers, directo | ra tructoca ar kov | | | | | |
| employees listed | in Form 990, Par 0 highest paid inc | t VII) or entity i dividuals or enti | in connect ities (fund | tion with p | rofessional fundraising ursuant to agreements u | services? | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | have custo | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization | | | | |
| Booster Enter | prises, Inc. | | Yes | No | | | | | | | |
| 1 10400 Old Ala | | | | v | | 05 071 | | | | | |
| Alpharetta GA | 30022 | Fun Run | | Х | | 25,671 | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| Total. 3 List all states in whor licensing. | | | | | ontributions or has been | 25,671 notified it is exempt fro | | | | | |
| | | | | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2017 Challenge to Excellence Charter School 81-0554704 Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | List events with gross receipts gro | . , | | () () | |
|---------------|-------|--|----------------------------|---|----------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add column (a) |
| | | | Fall Fundraise | Spring Fundrai | None | through column (c) |
| R | | | (event type) | (event type) | (total number) | |
| REVENU | 1 | Gross receipts | 54,413. | 11,961. | | 66,374. |
| Ĕ | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 54,413. | 11,961. | | 66,374. |
| | 4 | Cash prizes | | | | |
| D | 5 | Noncash prizes | | | | |
| DIRECT | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| EXPENSES | 8 | Entertainment | | | | |
| N S E | 9 | Other direct expenses | 30,225. | 1,793. | | 32,018. |
| 3 | 10 | Direct expense summary. Add lines 4 thr | ough 9 in column (d) | | ► | 32,018. |
| | 11 | Net income summary. Subtract line 10 fro | | | | |
| Dev | | - | | | | |
| Par | tm | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a. | allon answered res | s on Form 990, Par | t iv, line 19, or re | ported more than |
| | | | | | | |
| R E V E N U | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| N U E | 1 | Gross revenue | | | | |
| F | 2 | Cash prizes | | | | |
| EXPENSES | 3 | Noncash prizes | | | | |
| CS TE S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% No | Yes% | |
| | 7 | Direct expense summary. Add lines 2 thr | ough 5 in column (d). | | | |
| | 8 | Net gaming income summary. Subtract li | ne 7 from line 1, colum | ın (d) | | |
| | ls th | er the state(s) in which the organization come organization licensed to conduct gaming lo,' explain: | g activities in each of th | | | |
| | | e any of the organization's gaming license 'es,' explain: | | | | |

Schedule G (Form 990 or 990-EZ) 2017

| Schedule G (Form 990 or 990-EZ) 2017 Challenge to Excellence Charter School 83 | 1-0554704 | 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:a The organization's facility. | | olo |
| b An outside facility.14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | 010 |
| Name ► | | |
| Address ► | | |
| 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party: | ne amount | No |
| Name ► | | |
| Address ► | | l |
| 16 Gaming manager information: | | |
| Name ► | | |
| Gaming manager compensation ► \$ | | |
| Description of services provided | | |
| Director/officer Employee Independent contractor | | |
| 17 Mandatory distributions: | | |
| a 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 or spent in organization's own exempt activities during the tax year > \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions. | umns (iii) and (y additional | v); |

SCHEDULE K

(Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Challenge to Excellence Charter School

Employer identification number

81-0554704

| Pa | t I Bond Issues | | | | | | | | 101 | 055 | 4/04 | | | | |
|----------|---|--------------------------------------|--------------------|----------------------|--------------------|---------|-------------|----------------------------|------------|-----|-------------------|--------------------------|-----|-----|-----------|
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue p | orice | (f) Des | (f) Description of purpose | | | g) ased | (h) C behalf issue | fof | | ooled |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No |
| | CO Ed & Cultural Fac Auth | 84-0896727 | 19645RBX8 | 8/23/2007 | 7,54 | 5,000. | Education-C | Construct s | school bld | Х | | Х | | | Х |
| | CO Ed & Cultural Fac Auth | 84-0896727 | 19645RBX8 | 6/30/2017 | 5,77 | 5,756. | Education-C | Construct s | school bld | | Х | Х | | | Х |
| C | | | | | | | | | | | | | | | \square |
| D | | | | | | | | | | | | | | | |
| Pai | t II Proceeds | | | | | | - | _ | • | | | | | | |
| - | Amount of bounds ratived | | | | | Α | | В | C | | | | D |) | |
| <u> </u> | Amount of bonds retired | | | | | | | | | | | | | | |
| | Amount of bonds legally defease | | | | | . 70 04 | 4 5 | | | | | | | | |
| | Total proceeds of issue | | | | | 579,04 | | 775,756. | | | | | | | |
| | Gross proceeds in reserve funds | | | | | 88,25 | 0. | | | | | | | | |
| | Capitalized interest from procee | | | | | 11 07 | 2 | | | | | | | | |
| | Proceeds in refunding escrows . | | | | | 44,87 | | | | | | | | | |
| | Issuance costs from proceeds Credit enhancement from proceed | | | | . 3 | 345,92 | Ζ. | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 10 | Working capital expenditures from capital expenditures from proce | | | | | | | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | | |
| | Other unspent proceeds | | | | | | | | | | | | | | |
| - | Year of substantial completion. | | | | | | | | | | | | | | |
| 15 | Tear of substantial completion. | | | | Yes | No | Yes | No | Yes | No | | Yes | | N | lo |
| 14 | Were the bonds issued as part of | of a current refunding | iccuo? | | | NO | | NO | 165 | NU | , | 165 | | | 0 |
| | Were the bonds issued as part of Were the bonds issued as part of | | | | | X | X | X | | | | | | | |
| | Has the final allocation of proce | | - | | | Λ | X | Λ | | | | | | | |
| | | | | | · A | | A | | | | | | | | |
| 17 | Does the organization maintain of proceeds? | adequate books and r | ecords to support | the final allocation | . X | | Х | | | | | | | | |
| Pai | t III Private Business Us | | | | · A | | Λ | | | | | | | | |
| 1 0 | | | | | | Α | | В | С | | | | D |) | |
| | | | | | Yes | No | Yes | No | Yes | No | , | Yes | | | lo |
| 1 | Was the organization a partner i property financed by tax-exemp | in a partnership, or a i t bonds? | member of an LL | C, which owned | | X | | X | | | | | | | |
| 2 | Are there any lease arrangemen bond-financed property? | nts that may result in p | private business u | use of | | Х | | Х | | | | | | | |

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

Schedule K (Form 990) 2017

| | Α | | В | | | C | | D |
|--|-----|---------|-----|---------|-----|-----|-----|---------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | Х | | Х | | | | |
| b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | Х | | Х | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | Х | | Х | | | | |
| d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | Х | | Х | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government► | | 00 | | 0/0 | | 00 | | 00 |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 010 | | ماه | | 0\0 | | olo |
| 6 Total of lines 4 and 5 | | 00 | | 00 | | 8 | | 010 |
| 7 Does the bond issue meet the private security or payment test? | Х | | Х | | | | | |
| 8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | Х | | Х | | | | |
| b If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of | | olo | | olo | | olo | | 0/0 |
| c If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | Х | | Х | | | | | |
| Part IV Arbitrage | | | | | | | | |
| | | A | | 3 | | C | | D |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | Yes | No X | Yes | No X | Yes | No | Yes | No |
| 2 If 'No' to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | Х | | Х | | | | |
| b Exception to rebate? | | Х | | Х | | | | |
| c No rebate due? | Х | | Х | | | | | |
| If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed. | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | Х | | Х | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | Х | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge. | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Schedule K (Form 990) 2017Challenge to Excellence Charter SchoolPart IIIPrivate Business Use (Continued)

BAA

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Schedule K (Form 990) 2017 Challenge to Excellence Charter School

Part IV Arbitrage (Continued) В С D Α No No Yes Yes Yes No Yes No 5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?..... Х Х **b** Name of provider c Term of GIC. **d** Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?... 6 Were any gross proceeds invested beyond an available temporary period?..... Х Х 7 Has the organization established written procedures to monitor the requirements of section 148 ?..... Х Х Procedures To Undertake Corrective Action Part V Α В С D Has the organization established written procedures to ensure that violations of federal tax Yes Yes No No Yes No Yes No requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?..... Х Х Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions Part VI

► 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

| Challenge | to | Excellence | Charter | School |
|-----------|----|------------|---------|--------|
| | | | | |

Employer identification number 81-0554704

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

To provide education to students in grades kindergarten through 8th grade to prepare them for a complex social, global & economic future by delivering a comprehensive, educational program with a challenging curriculum that combines basic skills with a strong focus on standards-based education.

Form 990, Part III, Line 1 - Organization Mission

To provide education to students in grades kindergarten through 8th grade to prepare them for a complex social, global & economic future by delivering a comprehensive, educational program with a challenging curriculum that combines basic skills with a strong focus on standards-based education.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board delegated this responsibility to the Principal. Per Governing Policy 2.3 -Financial Condition and Activities, Item 3, the Director shall not 'allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.' Also, a copy is provided to all governing board members.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

This is self-monitored.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Salary bands for staff have been established and the board has reviewed & approved the salary schedule comparable to surrounding areas in the same industry.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

They are available on request, on our website and on our financial transparency page on our website.

| Schedule 0 (Form 990 or 990-EZ) (2017) | | | Page 2 |
|---|----------------|--------------|---------|
| Name of the organization | Employer ident | tification r | number |
| Challenge to Excellence Charter School | 81-0554704 | | |
| Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances | | | |
| Deferred Outflows of Resources | | \$ | 11,864. |

| Deferred Outflows of Resources | Ş | 11,864. |
|--------------------------------|----|-----------|
| Net OPEB Liability | | -326,854. |
| Total | \$ | -314,990. |
| | | |