2018 TAX RETURN

Client Copy

Client: WYATT

Prepared for: Wyatt Academy 3620 Franklin Street Denver, CO 80205 (303) 292-5515

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

Date: May 20, 2020

Comments:

Route to: _____

2018 Exempt Org. Return prepared for:

Wyatt Academy 3620 Franklin Street Denver, CO 80205

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

HINKLE & COMPANY P.C. 5028 East 101st St

Tulsa, OK 74137 918-492-3388

Wyatt Academy 3620 Franklin Street Denver, CO 80205 (303) 292-5515

FEDERAL FORMS

Form 990	2018 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 O	Supplemental Information
Schedule R	Related Organizations and Unrelated Partnerships
Form 8868	Application for Extension
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

2018 Federal Exen	Page 1		
	Wyatt Academy		84-1468640
REVENUE	2018	2017	Diff
Contributions and grants Program service revenue Investment income	1,916,068	688,296 3,832,798 0	-72,219 -1,916,730 319
Other revenue		129,821	882,712
Total revenue		4,650,915	-1,105,918
EXPENSES Salaries, other compen., emp. b Other expenses		2,918,925 1,907,146	-944,603 -606,335
Total expenses		4,826,071	-1,550,938
NET ASSETS OR FUND BALANCES Revenue less expenses. Total assets at end of year. Total liabilities at end of yea Net assets/fund balances at end		-175,156 3,921,429 5,250,264 -1,328,835	445,020 -986,438 -1,256,302 269,864

General Information

Wyatt Academy

84-1468640

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch E, Sch O, Sch R, 8868

Carryovers to 2019

None

Preparer e-file Instructions - Federal

Wyatt Academy

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

Wyatt Academy

84-1468640

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.

	007	70		
Form	00/	J-1	EU	

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization For calendar year 2018, or fiscal year beginning 7/01 , 2018, and ending 6/30 , 20 2019

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2018

Wyatt Academy

84-1468640

Employer identification number

	ICEI								
Karen Cra						tions Dir.	•		
Part I Typ	e of Returi	n and Ret	urn Informat	ion (Whole Do	llars Only))			
check the box of eave line 1b, 2	on line 1a, 2a b, 3b, 4b, or	, 3a, 4a, or 5 5b, whichev	a, below, and t er is applicable	s Form 8879-EO the amount on tha , blank (do not en one line in Part I.	at line for the	e return being fil	ed with this for	m was bl	ank, then
1 a Form 990	check here.	► X I	o Total revenue	e, if any (Form 99	0, Part VIII,	column (A), line	e 12)	1 b	3,544,997.
				enue, if any (Form				2 b	
				tax (Form 1120-P				3 b	
4 a Form 990	PF check he	ere ►	b Tax base	d on investment i	ncome (Form	m 990-PF, Part	VI, line 5)	4 b	
5 a Form 886	8 check here	► 🗌 k	Balance Due	(Form 8868, line	3c)			5 b	
Part II Dec	laration ar	nd Signatu	re Authoriza	ation of Office	r				
electronic return further declare ntermediate se he IRS (a) an a refund, and (c) unds withdraw organization's f contact the U.S authorize the fil answer inquirie	and accompa that the america provide acknowledge the date of a al (direct deb ederal taxes . Treasury Fi ancial instit s and resolve	inying schedu ount in Part er, transmitte ment of rece iny refund. It owed on this nancial Age utions involv e issues rela	les and statement l above is the a r, or electronic ipt or reason fo applicable, I a the financial insist s return, and that at 1-888-353 ed in the procest ted to the paym	nts and to the best amount shown on return originator r rejection of the uthorize the U.S. titution account in e financial institut -4537 no later tha	of my knowle the copy of (ERO) to ser transmissior Treasury an idicated in th tion to debit in 2 business onic payme ted a person	edge and belief, t the organization and the organization of the organization (b) the reason d its designated he tax preparation the entry to this s days prior to the nt of taxes to re al identification	hey are true, coin's electronic re- ion's return to a for any delay Financial Ager on software for account. To re- he payment (sec ceive confident number (PIN) a	rect, and eturn. I co the IRS a in proces to initia payment voke a p ttlement) ial inform	onsent to allow my ind to receive from sing the return or ate an electronic of the ayment, I must of ate. I also nation necessary to
Officer's PIN: c	heck one bo	x only							
X I authorize	HINKLE	& COMPA	NY P.C.			to enter my PIN	351	.00	as my signature

ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed return. If I have indicated within this return th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authoriz the return's disclosure consent screen.	hat a copy of the return is being filed with ze the aforementioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year indicated within this return that a copy of the return is being filed with a state agency(ies) reprogram, I will enter my PIN on the return's disclosure consent screen.	2018 electronically filed return. If I have equilating charities as part of the IRS Fed/State
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN	73280995004
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronicall above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Mod Authorized IRS <i>e-file</i> Providers for Business Returns.	ly filed return for the organization indicated lernized e-File (MeF) Information for

ERO's signature

Date 🕨

ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)



Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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 instruct	tions.		Employer identification numb	er (EIN) or
Type or print	Wyatt Academy Number, street, and room or suite number. If a P.O. bo	ox, see instructions.		84-1468640 Social security number (SSN)
due date for filing your	3620 Franklin Street				
return. See instructions.	City, town or post office, state, and ZIP code. For a for	eign address, see instru	ctions.		
Instructions.	Denver, CO 80205				
		and in face (file a second	evets explication for each values)	Г	0.1
Enter the F	Return Code for the return that this application	on is for (file a se		· · · · · · · · · · · · · · · · · · ·	01
Application Is For		Return Code	Application for each return)		01 Return Code
Application Is For		Return	Application		Return
Application Is For	n r Form 990-EZ	Return Code	Application Is For		Return Code
Application Is For Form 990 or	n r Form 990-EZ BL	Return Code	Application Is For Form 990-T (corporation)		Return Code 07
Application Is For Form 990 or Form 990-E	r Form 990-EZ BL (individual)	Return Code 01 02	Application Is For Form 990-T (corporation) Form 1041-A		Return Code 07 08
Application Is For Form 990 of Form 990-E Form 4720 of Form 990-F	r Form 990-EZ BL (individual)	Return Code 01 02 03	Application Is For Form 990-T (corporation) Form 1041-A Form 4720 (other than individual)		Return Code 07 08 09

Telephone No. ► (303) 292-5515

Fax No. ►

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

	-					
•	If this is for a Group Retu	urn, enter the organization's four digit	t Group Exemption	Number (GEN)	. If this is for the whole group,	
	check this box ►	. If it is for part of the group, check	K this box ►	and attach a list with the	names and EINs of all members	5
	the extension is for.	-		-		

1	I request an automatic 6-month extension of time until	5/15	, 20 <u>2</u> 0	, 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>18</u> , and ending	_ <u>6/30</u> , 20	<u>19</u> .
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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	Ś	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. 1-2019)

	Form	99 0									OMB No. 1545-0047
	FOIIII					tion Exer				is)	2018
Dep	artment of th rnal Revenue	ne Treasury		Do not en	ter social securi	tv numbers on thi	is form as it ma	v be made i	public.	~	Open to Public Inspection
A		e Service 2018 calendar				for instructio	, 2018, and		6/30		, 2019
B	Check if ap		year, or ta	x year begin	inig 7701		, 2010, and	renaing			ification number
-			yatt Aca	ademv						34-1468	
				nklin St	reet					elephone num	
	Initial	D		CO 80205						(303) 2	92-5515
		turn/terminated								(000) 2	52 0010
		ded return							G G	ross receipts	\$ 3,544,997.
	Applica	ation pending F	Name and add	dress of principa	officer: Kare	n Craig		H(a) Is this a group		
		Sa	ame As (C Above	Nare	II CLAIG		H(b	Are all subord If "No," attach	inates include	d? Yes No
Ι	Tax-exen		501(c)(3)	501(c) ()◄ (ins	ert no.) 494	47(a)(1) or	527	II NO, ALLACH	a list. (see lii	structions)
J	Websit	te:► http	://www.	wyattaca	ademy.org			H(c) Group exempt	ion number	•
Κ	Form of a		Corporation	Trust	Association	Other ►	L Year of	of formation:	1998	M State of	egal domicile: CO
Pa		Summary									
						gnificant activi					
ģ	er					<u>of operat</u>					
Governance	ec					<u>n through</u>	<u>8th gra</u>	<u>ide in</u>	<u>accorda</u>	<u>nce wi</u>	th the terms
ern		<u>f the cha</u>	^	· •						<u></u>	
<u>6</u>	2 Ch 3 Nu	IECK THIS DOX I	a members	e organizatio	n aiscontinuea mina body (Pa	d its operation: art VI, line 1a)	s or aisposed	a of more	than 25% o	3	sets. 8
જ	4 Nu					ning body (Par					8
ties	5 To					r 2018 (Part V					78
Activities &	6 To										50
Å						mn (C), line 12					0.
	b Ne	t unrelated bu	usiness taxa	able income	from Form 99	0-T, line 38					0.
	• •				1 - >			_	Prior Y		Current Year
ne										8,296. 2,798.	<u>616,077.</u> 1,916,068.
Revenue		-	-		.	and 7d)			3,03	2,190.	319.
Rey						9c, 10c, and 1			12	9,821.	1,012,533.
						Part VIII, colun				0,915.	3,544,997.
	13 Gra	ants and simi	lar amounts	s paid (Part I	X, column (A)	, lines 1-3)					
	14 Be	nefits paid to	or for mem	nbers (Part I)	(, column (A),	line 4)					
<i>(</i> 0	15 Sa	laries, other o	compensatio	on, employee	e benefits (Pa	rt IX, column ((A), lines 5-1	0)	2,91	8,925.	1,974,322.
Ises	16a Pro	ofessional fun	draising fee	es (Part IX, d	olumn (A), lir	ne 11e)		[
Expense	b To	tal fundraising	g expenses	(Part IX col							
ш	17 Oth			(Fait IA, COI	umn (D), line	25) ►					
		her expenses	(Part IX, co			25) ► 11f-24e)		 	1,90	7,146.	1,300,811.
	18 To		-	olumn (A), lir	nes 11a-11d,	-				7,146. 6,071.	1,300,811. 3,275,133.
		tal expenses.	Add lines 1	olumn (A), lir 13-17 (must e	nes 11a-11d, equal Part IX,	11f-24e)	ne 25)	[4,82	7,146. 6,071. 5,156.	1,300,811. 3,275,133. 269,864.
o. Sec	19 Re	tal expenses. evenue less ex	Add lines 1 penses. Su	olumn (A), lir 13-17 (must e ubtract line 1	nes 11a-11d, equal Part IX, 8 from line 12	11f-24e) column (A), li	ne 25)	 	4,82	6,071. 5,156.	3,275,133.
sets or alances	19 Re	tal expenses. evenue less ex tal assets (Pa	Add lines 1 penses. Su	olumn (A), lir 13-17 (must e ubtract line 1 6)	nes 11a-11d, equal Part IX, 8 from line 12	11f-24e) column (A), li	ne 25)	· · · · · · · · · · · · · · · · · · ·	4,82 -17 Beginning of C 3,92	6,071. 5,156. urrent Year 1,429.	3,275,133. 269,864. End of Year 2,934,991.
t Assets or od Balances	19 Re 20 Tot 21 Tot	tal expenses. evenue less ex tal assets (Pa tal liabilities (Add lines 1 xpenses. Su art X, line 16 Part X, line	olumn (A), lir 13-17 (must e ubtract line 1 6) 26)	nes 11a-11d, equal Part IX, 8 from line 12	11f-24e) column (A), li	ne 25)	· · · · · · · · · · · · · · · · · · ·	4,82 -17 Beginning of C 3,92	6,071. 5,156. urrent Year	3,275,133. 269,864. End of Year
Ret	19 Re 20 Tot 21 Tot 22 Ne	tal expenses. evenue less ex- tal assets (Pa tal liabilities (et assets or fu	Add lines 1 spenses. Su art X, line 16 Part X, line nd balances	olumn (A), lir 13-17 (must e ubtract line 1 6) 26)	nes 11a-11d, equal Part IX, 8 from line 12	11f-24e) column (A), li	ne 25)	· · · · · · · · · · · · · · · · · · ·	4,82 -17 Beginning of C 3,92 5,25	6,071. 5,156. urrent Year 1,429.	3,275,133. 269,864. End of Year 2,934,991.
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Und	19 Re 20 To 21 To 22 Ne art II splete. Declar	tal expenses. evenue less ex- tal assets (Pa tal liabilities (et assets or fu Signature I of perjury, I declar ration of preparer	Add lines 1 apenses. Su art X, line 16 Part X, line nd balances Block re that I have es (other than offic	olumn (A), lir 13-17 (must d ubtract line 1 6) 26) s. Subtract li	nes 11a-11d, equal Part IX, 8 from line 12 ne 21 from lin	11f-24e) column (A), li	ne 25)		4,82 -17 Beginning of C 3,92 5,25 -1,32	6,071. 5,156. urrent Year 1,429. 0,264. 8,835.	3,275,133. 269,864. End of Year 2,934,991. 3,993,962. -1,058,971.
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	19 Re 20 Toi 21 Toi 22 Ne art II er penalties plete. Declar	tal expenses. evenue less ex- tal assets (Pa tal liabilities (et assets or fu Signature I of perjury, I declar ration of preparer Signature o Karen Type or prin Print/Type preparer	Add lines 1 apenses. Su art X, line 16 Part X, line nd balances Block that I have ex (other than offic f officer Craig at name and titl arer's name	olumn (A), lin 13-17 (must o ubtract line 1 6) 26) s. Subtract li xamined this retu cer) is based on	nes 11a-11d, equal Part IX, 8 from line 12 ne 21 from lin rn, including accor all information of v	11f-24e) column (A), li	ne 25)	, and to the	4,82 -17 Beginning of C 3,92 5,25 -1,32 best of my know Date Operatic Check	6,071. 5,156. urrent Year 1,429. 0,264. 8,835. ledge and bel	3, 275, 133. 269, 864. End of Year 2, 934, 991. 3, 993, 962. -1, 058, 971. ief, it is true, correct, and
	19 Re 20 To 21 To 22 Ne art II splete. Declar gn ere	tal expenses. evenue less ex- tal assets (Pa tal liabilities (et assets or fui Signature I of perjury, I declar ration of preparer Signature o Karen Type or prir	Add lines 1 apenses. Su art X, line 16 Part X, line nd balances Block that I have ex (other than officer Craig at name and titl arer's name . Hinkle	olumn (A), lin 13-17 (must o ubtract line 1 6) 26) s. Subtract li xamined this retu cer) is based on	nes 11a-11d, equal Part IX, 8 from line 12 ne 21 from lin rn, including acco all information of v	11f-24e) column (A), li	ne 25)	, and to the	4,82 -17 Beginning of C 3,92 5,25 -1,32 best of my know Date Operatic Check	6,071. 5,156. urrent Year 1,429. 0,264. 8,835. ledge and bel	3,275,133. 269,864. End of Year 2,934,991. 3,993,962. -1,058,971. ief, it is true, correct, and
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May the IRS discuss this return with the preparer shown above? (see instructions)..... BAA For Paperwork Reduction Act Notice, see the separate instructions.

Tulsa, OK 74137

Phone no.

Form 990 (2018)

No

918-492-3388

X Yes

Form	ו 99	90(2018) Wyatt A	cademy		84	-1468640	Page 2	2
Par	t II		rogram Service Aco	-			Г	- -
1	Br	riefly describe the organ		or note to any line in this Part II	L			1
•				fit entity organized	for the purpose of	f operati	ng a	
	_			cation to children				-
	a	accordance with	the terms of th	ne charter application	<u>on.</u>			_
2	Di	id the organization undert	ake any significant program	m services during the year which v	vere not listed on the prior			
-		-				Ye	s X No	
			v services on Schedule O.					
3		-	-	ignificant changes in how it con	ducts, any program services	? Ye	es X No	
л		"Yes," describe these cha	-	mplishments for each of its thre	a largest program convises	as massured b		
-	Se	ection 501(c)(3) and 50	ach program service accord ach program service rep	required to report the amount of	of grants and allocations to o	others, the tota	l expenses,	
4 a	ı (C	Code:) (Exp	enses \$ 1,345,4	103. including grants of \$) (Reven	ue \$))
				nder the charter iss				_
	_	<u>xindergarten th</u> 2018-2019 school		benefitting approx			<u>e</u>	_
		2016-2019 SCHOOL						
	_							_
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	_							_
	(0		<u>.</u>			<u>Å</u>		_
41) (C	Code:) (Exp	enses \$	including grants of \$) (Reven	ue >))
	-							-
	_							_
	_							_
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	_							-
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40	: (C	Code:) (Exp	enses \$	including grants of \$) (Reven	ue \$))
		/、、、	·		/、	·	,	
	_							_
	_							_
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	_							_
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	_							_
4 0			Describe in Schedule O.)		· - ·			
Λ.		Expenses \$		g grants of \$) (Revenue \$)	
4 e BAA		otal program service exp		345,403. TEEA0102L 08/03/18		Fc	orm 990 (2018	27

 Form 990 (2018)
 Wyatt Academy

 Part IV
 Checklist 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.			
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	
ł	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
C	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
c	I 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	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	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
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? If 'Yes,' complete Schedule G, Part 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
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

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Form 990 (2018)

	1990 (2018) Wyatt Academy 84-146864	0	F	Page 4
Pa	t IV Checklist of Required Schedules (continued)			1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
~~	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 a	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			
	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
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
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
I	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? 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?			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	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? If 'Yes,' complete Schedule L, Part III.	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
I	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	200		
(officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	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
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			
55	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and 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
I	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		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	555		
36	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	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			4
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u> .	
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 17 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0			
	b Enter the number of Forms W-2G included in line Ta. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c	Х	
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	n 990 (2018) Wyatt Academy 84-14	468640	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20	ments, filed for the calendar year ending with or within the year covered by this return 2a	78		
I	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?	3a	I	Х
I	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3b)	
4	a 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	1	Х
I	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).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	I	Х
l	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
(${f c}$ If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	:	
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizati solicit any contributions that were not tax deductible as charitable contributions?	on 6a		Х
I	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).		,	
i	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?			Х
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		-	
	\mathbf{c} Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c	:	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?	7e	•	Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	//	1	
	organization have excess business holdings at any time during the year?			
9				
	a Did the sponsoring organization make any taxable distributions under section 4966?		1	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?)	
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11 a			
I	b Gross income from other sources (Do not net amounts due or paid to other sources			
10	against amounts due or received from them.)	10.		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	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		
ė		158		
	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			37
	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? If 'No,' provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char			for
	Schedule O. See instructions.	-		17
50	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Se	ction 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 1 a 8 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. 1 a 8	-	Tes	NO
	b Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3		3		Х
4				
	since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
	b 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				
	a The governing body?	8 a	Х	
	b 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>	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Co	ode.)
			Yes	-
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a 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	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		17	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the apprint the policy? If I/yee / describe in 	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 O	12 c	Х	
13		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	15a	Х	
	b Other officers or key employees of the organizationSee .Schedule.O	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
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's example status with respect to such arrangements.	16 6		
Sa	organization's exempt status with respect to such arrangements?	16 b		
<u> </u>				
18		$\frac{1}{(c)}$		
10	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)		<i>ys</i> on	<i>'y)</i>
19	the public during the tax year. See Schedule O	ble to		
20				
	Wyatt Academy 3620 Franklin Street Denver CO 80205 (303) 292-5515			

Form 990 (2018) Wyatt Academy

Page 6

84-1468640

Form 990 (2018) Wyatt Academy				84-14686	40 Page 7				
Part VII Compensation of Officers, Directo Independent Contractors	ors, Trus	stees, Key Employe	es, Highest C	ompensated En	nployees, and				
Check if Schedule O contains a response of	or note to	any line in this Part VII.							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.									
 List all of the organization's current key employees, if any. See instructions for definition of 'key employee.' 									
 List the organization's five current highest compe- who received reportable compensation (Box 5 of Form organization and any related organizations. 									
 List all of the organization's former officers, key of reportable compensation from the organization and any it 			ated employees v	who received more t	han \$100,000				
 List all of the organization's former directors or truster organization, more than \$10,000 of reportable compension 									
List persons in the following order: individual trustees of employees; and former such persons.	or director	rs; institutional trustees;	officers; key emp	loyees; highest con	npensated				
Check this box if neither the organization nor any relate	ed organiza	ation compensated any cu	rrent officer, direct	or, or trustee.					
		(C)							
(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an officer and a	(D) Reportable	(E) Beportable	(F) Estimated				

(A) Name and Title	(B) Average hours	thar	n one k s both	box, an o	unles fficer truste		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Katie Brown Member	<u>2_</u>	Х						0.	0.	0.
(2) Michael Miera	2							0.	0.	0.
Vice Chair	0	Х		Х				0.	0.	0.
(3) Dedrick Sims	2			21						
Principal	0	Х						0.	0.	0.
(4) Rodney Bates	2									
Secretary	0	Х		Х				0.	0.	0.
(5) Kaycee Gerhart	2									
Treasurer	0	Х		Х				0.	0.	0.
(6) Brandon De Benedet	2									
	0	Х						0.	0.	0.
(7) Amy Swieringa	2									
Board Chair	0	Х		Х				0.	0.	0.
(8) Francesca Galarraga	2									
Member	0	Х						0.	0.	0.
(9) Kate Mishara	40									
Co-Exec Dir	0			Х				64,328.	0.	10,850.
(10) Karen Craig	40									
Business Mgr	0			Х				81,406.	0.	13,236.
(11)										
(12)										
(13)		-	$\left \right $							
(14)										
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Form 990 (2018) Wyatt Academy			_						84-146864	0 Page	
Part VII Section A. Officers, Directors, Tru	-	Key	Em		-	es, a	anc	d Highest Con	pensated Emp	oloyees (continu	ed)
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							•	145,734.	0.		
c Total from continuation sheets to Part VII, Section								0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							red	145,734. more than \$100,00	0. 0 of reportable com	,	16.
from the organization b 0											<u> </u>
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for sucl	tor, or tru	stee,	key	em	nploy	/ee, c	or h	ighest compensa	ted employee	Yes 1	No X
 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual. 	reportab r than \$1	le co 50,00	mpe 00?	nsa If 'γ	ition ′ <i>es,'</i>	and com	oth plei	er compensation te Schedule J for		4	X
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i> 									individual		X
Section B. Independent Contractors	,						- 1-				
 Complete this table for your five highest compensation from the organization. Report compensation 	sated inde sation for	epen the c	dent alen	cor dar	ntrao year	ctors endin	tha 1g w	t received more t with or within the or	han \$100,000 of ganization's tax yea	ır.	
(A) Name and business addr	ess						-	(B) Description	of services	(C) Compensation	
JAN-PRO Cleaning Systems of CO 215 Union B	lvd, Ste	e 21	0 L	ake	WOO	d, C	0	Janitorial Se	rvices		
Piton Foundation 1705 17th St Suite 200 Der	nver, C	08 C	202					Low Inc. Fami	ly Serv		
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tha	se l	istec	i abov	/e) \	who received more	than		

Form 990 (2018) Wyatt Academy Part VIII Statement of Revenue

Page 9

	ote to any line in this Part V	(B)	(C)	(D)
	(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectio 512-514
1 a Federated campaigns				
b Membership dues 1 b				
c Fundraising events 1c d Related organizations 1d				
	,820.			
	,020.			
f All other contributions, gifts, grants, and similar amounts not included above 1 f 98	,257.			
g Noncash contributions included in lines 1a-1f: \$				
h Total. Add lines 1a-1f	010/0111			
		1 502 105		
2a Per Pupil Revenue 611600 b Mill Levy 611600				
c Pupil Activities and Fees 611710				
d		_, •_ ·		
e				
f All other program service revenue				
g Total. Add lines 2a-2f	=, = = = , = = = .			
3 Investment income (including dividends, interest other similar amounts)				3
4 Income from investment of tax-exempt bond pro	515.			5
5 Royalties				
	ersonal			
6 a Gross rents				
b Less: rental expenses c Rental income or (loss)				
d Net rental income or (loss)				
	Other			
assets other than inventory				
b Less: cost or other basis				
and sales expenses				
c Gain or (loss)	►			
8 a Gross income from fundraising events (not including \$	······ *			
of contributions reported on line 1c).				
See Part IV, line 18 a <u>11</u>	.,771.			
b Less: direct expenses b				
c Net income or (loss) from fundraising events	····· ► <u>11,771.</u>			11,7
9 a Gross income from gaming activities. See Part IV, line 19a				
b Less: direct expenses b c Net income or (loss) from gaming activities	►			
10a Gross sales of inventory, less returns	······ *			
and allowances a				
b Less: cost of goods sold b				
c Net income or (loss) from sales of inventory				
Miscellaneous Revenue Business		012 016		
^{11a} <u>Pension Accrual Adj</u> 611600 b <u>Insurance Proceeds</u> 611600		813,916.		
• <u>Insurance Proceeds</u> 611600 • Misc Revenue611600		<u>131,480.</u> 55,366.		
d All other revenue				
e Total. Add lines 11a-11d	····· ► 1,000,762.			
12 Total revenue. See instructions		2,916,830.	0.	12,0

Do r 6b, 7	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any			
6 <i>b, 1</i> 1	not include amounts reported on lines		line in this Part IX		
6 <i>b, 1</i> 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(Δ)			
-		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
-	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	270,251.	0.	270,251.	C
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	1,166,203.	791,724.	374,479.	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	1,100,203.	/91,724.	574,475.	
	employer contributions)	215,637.	126,213.	89,424.	
9	Other employee benefits	298,686.	200,913.	97,773.	
10	Payroll taxes	23,545.	10,727.	12,818.	
	Fees for services (non-employees): Management				
	Legal	64,086.	17,290.	46,796.	
	Accounting	11,000.	2,968.	8,032.	
	Lobbying	11,000.	2,900.	0,032.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, <u>c</u> olumn				
y	(A) amount, list line 11g expenses on Schedule $0.$ $ch = 0$	334,336.	86,557.	247,779.	
12	Advertising and promotion	13,032.	3,193.	9,839.	
13	Office expenses	27,223.	6,946.	20,277.	
14	Information technology	97,021.	21,978.	75,043.	
15	Royalties	,	,	,	
16	Occupancy	470,865.	22,236.	448,629.	
	Travel	41,843.	10,252.	31,591.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	11/0101	10/1011	01/031	
19	Conferences, conventions, and meetings				
20	Interest	4,534.		4,534.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	102,707.		102,707.	
23	Insurance	31,527.	7,724.	23,803.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Supplies, Books & Periodicals	97,637.	36,682.	60,955.	
	All_Other_Expenses	5,000.		5,000.	
С		.,			
d					
е	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	3,275,133.	1,345,403.	1,929,730.	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 (2018)Wyatt AcademyPart XBalance Sheet

			(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		1,431,653.	1	808,436
2	Savings and temporary cash investments		_,,,,	2	,
3	Pledges and grants receivable, net	123,381.	3		
4	Accounts receivable, net	21,921.	4	21,999	
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L.	mployees. Complete		5	·
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6		
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	1,636
-	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1 1			1,000
	b Less: accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	1,707,474.	10 c	1,604,767
11				11	
12	Investments – other securities. See Part IV, line 11.			12	
13	Investments – program-related. See Part IV, line 11.			13	
14	Intangible assets.			14	
15	Other assets. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	637,000.	15	498,153
16	Total assets. Add lines 1 through 15 (must equal line	34)	3,921,429.	16	2,934,991
17	Accounts payable and accrued expenses		273,953.	17	194,483
18	Grants payable		·	18	•
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part			21	
21 22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons.		22	
23			501,925.	23	372,137
24	Unsecured notes and loans payable to unrelated third	l parties	,	24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		4,474,386.	25	3,427,342
26	Total liabilities. Add lines 17 through 25		5,250,264.	26	3,993,962
	Organizations that follow SFAS 117 (ASC 958), check he	ere ► X and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		-1,461,835.	27	-1,133,971
28	Temporarily restricted net assets.		133,000.	28	75,000
29	5	_		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipn			31	
32	C			32	
33	Total net assets or fund balances		-1,328,835.	33	-1,058,971
34	Total liabilities and net assets/fund balances		3,921,429.	34	2,934,991

Form	n 990 ((2018)	Wyatt Academy 84-	1468640	C	Pa	ge 12
Par	t XI	Reco	nciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue	e (must equal Part VIII, column (A), line 12)	1	3,54	44,9	997.
2	Total	expens	es (must equal Part IX, column (A), line 25)	2	3,2	75,1	.33.
3			expenses. Subtract line 2 from line 1	3	2	69,8	364.
4	Net a	issets or	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,32	28,8	335.
5	Net ι	Inrealize	d gains (losses) on investments	5			
6	Dona	ted serv	ices and use of facilities	6			
7			xpenses	7			
8		•	adjustments	8			
9	Othe	r change	s in net assets or fund balances (explain in Schedule O)	9			0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
D	colun	nn (B)) .	cial Chateman I and Dana sting	10	-1,0	58,9	971.
Par	τΧΙΙ	-	cial Statements and Reporting				
		Check	if Schedule O contains a response or note to any line in this Part XII				
						Yes	No
1	Acco	unting n	nethod used to prepare the Form 990: Cash X Accrual Other				
		organiz	ation changed its method of accounting from a prior year or checked 'Other,' explain				
2-			anization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
20		-			. 2a	Λ	
	It 'Ye	s,' chec rate has	< a box below to indicate whether the financial statements for the year were compiled or reviewers, consolidated basis, or both:	ed on a			
	X		te basis Consolidated basis Both consolidated and separate basis				
Ł		•	anization's financial statements audited by an independent accountant?		2 b	Х	
		-	a box below to indicate whether the financial statements for the year were audited on a separa	te			
	basis	, consol	idated basis, or both:				
	Х	Separa	te basis Consolidated basis Both consolidated and separate basis				
C	If 'Ye	s' to line	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		2 c	х	
			ation changed either its oversight process or selection process during the tax year, explain			23	
	in Sc	hedule ().				
32			a federal award, was the organization required to undergo an audit or audits as set forth in the Single I OMB Circular A-133?		. 3a	_	Х
Ł	If 'Ye	s,' did th	e organization undergo the required audit or audits? If the organization did not undergo the required aud	it			
			plain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA			TEEA0112L 08/03/18		Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Pub	lic
Inspection	1

Department of the Treasury Internal Revenue Service
Name of the organization

interna		-						
	of the organization					Employer identific		
	tt Academy					84-146864		
Par			v				tions.	
	organization is not a private fo				-	,		
1	A church, convention of chu					ı).		
2	X A school described in secti							
3	A hospital or a cooperativ							
4	A medical research organ	nization operated in conj	unction with a hospital	describe	ed in sec	ction 170(b)(1)(A)(iii). E	inter the hospital's	
	name, city, and state:							
5	An organization operated section 170(b)(1)(A)(iv).	for the benefit of a colle (Complete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in	
6	A federal, state, or local	government or governme	ental unit described in s	ection 1	1 70(b)(1))(A)(v).		
7	An organization that norma in section 170(b)(1)(A)(vi	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community trust descri	bed in section 170(b)(1)	(A)(vi). (Complete Part	ll.)				
9	An agricultural research org							
	or university or a non-land-	grant college of agricultur	e (see instructions). Ente	r the nan	ne, city,	and state of the college	or	
	university:							
10	An organization that norma from activities related to investment income and u June 30, 1975. See secti	Ily receives: (1) more thar its exempt functions—su nrelated business taxab	n 33-1/3% of its support fi bject to certain exception le income (less section	om cont	ributions (2) no	more than 33-1/3% of i	ts support from gross	
11	An organization organize	d and operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).		
12	An organization organize or more publicly supporte lines 12a through 12d tha	d organizations describe	ed in section 509(a)(1) (or sectic	on 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box in	
а		zation operated, supervise o regularly appoint or elec) the supported on. You must	
b			controlled in connection	with its	sunnor	ted organization(s) by	having control or	
	management of the suppor must complete Part IV, S	ting organization vested ir ections A and C.	n the same persons that c	ontrol or	manage	the supported organizat	ion(s). You	
С	Type III functionally integra organization(s) (see instr	ted. A supporting organiza	tion operated in connection	n with, a A. D. an	nd functi d E.	onally integrated with, its	supported	
d		tegrated. A supporting or ne organization generall	ganization operated in col y must satisfy a distribu	nection	with its	supported organization(s) that is not	
e		nization received a writ	ten determination from	the IRS 1.	that it is	s а Туре I, Туре II, Тур	e III functionally	
	Enter the number of support							
g	Provide the following information	ation about the supporte	d organization(s).					
	(i) Name of supported organization	(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)								
<u>(E)</u>								
Total								

500	organization fails to qualify		steu below, pleas		m. <i>)</i>		
	tion A. Public Support				1		
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	1	-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	rities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by li	ne 11, column (f)))	14	%
15	Public support percentage from	2017 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test-2018. If t and stop here. The organization	he organization d qualifies as a pu	id not check the l blicly supported o	box on line 13, an	nd line 14 is 33-1/3	3% or more, check	this box ·····►
b	33-1/3% support test-2017. If th and stop here. The organization	e organization di qualifies as a pu	d not check a boy blicly supported o	c on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or more, c	heck this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	s box and stop he	re. 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 organiz	es' test, check this ation qualifies as	s box and stop he a publicly support	re. Explain in Part ted organization	VI how the
18	Private foundation. If the organized	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see ins	tructions 🕨

84-1468640

Page 2

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.)

84-1468640

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) D. I.I.

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any 'upusual grants ')						
2	any 'unusual grants.') Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
~	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
74	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2011	(6) 2010	(0) 2010	(4) 2017	(0) 2010	() / / / /
-	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	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	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu						·····
-	Public support percentage for 20			ne 13. column (f))		010
	Public support percentage from		••••••				00
-	tion D. Computation of Inv						
17	Investment income percentage f		5		umn (f))	17	0/0
18	Investment income percentage f	-		-			00
19a	33-1/3% support tests-2018. If	the organization c	lid not check the I	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17 🛛 🗖
	is not more than 33-1/3%, check	< this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	ト
b	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		-				
				,,			· · · · · ·

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 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. 4a **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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 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.)

7

8

9a

9b

9c

10a

10b

84-1468640

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

- 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

			Yes	No
1	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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 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 organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 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.

3h

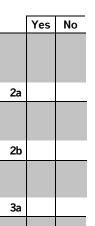
Yes

1

2

No

84-1468640



Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying truis instructions. All other Type III non-functionally integrated supporting organization	ist on No ons must	v. 20, 1970 (explain ir complete Sections A	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		
Section 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 shor tax year or assets held for part of year):	t		
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		
Section 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		

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7

temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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

6

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt put	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		IS,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported 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 organization in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
ection E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

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

Employer identification number

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

GO 10	www.iis.	gov/Form	1990 101 1	ine latest	mormatio

Name of the organization

Department of the Treasury Internal Revenue Service

Wyatt Academy		84-1468640	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)(3) (enter number) organization	on	
	4947(a)(1) nonexempt charitable trust no t	t treated as a private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation	
	501(c)(3) taxable private foundation		

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 (entering 'N/A' in column (b) instead of the contributor name and address), 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) (2018)

Wyatt	Academy	84-1	468640
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Piton_Foundation	\$ 86,000.	Person X Payroll Noncash
	Denver, CO_80202		(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.)

Page **2**

1

1

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 3
Name of organization	Employer i	dentification r	umber
Wyatt Academy	84-146	58640	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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) N-		(-)	/_/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
		\$	
		 Schedule B (Form 990, 990-E	

	3 (Form 990, 990-EZ, or 990-PF) (2018)			age 4
Name of organ	nization Academy		Employer identification number $84 - 1468640$	
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c	he year from any one contribute ompleting Part III, enter the total of (Enter this information once. See i	rations described in section 501(c)(7), (8 or. Complete columns (a) through (e) and	
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held	
	N <u>/A</u>			
				· - ·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	· ·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	· ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	· · .
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	· ·
	Transferee's name, addres	Relationship of transferor to transferee	· ·	
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (201	18)

	IEDULE D rm 990)		olemental Financial				1545-0047 1 O
(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. ► Attach to Form 990.					b.		18
Interna	tment of the Treasury al Revenue Service	► Go to www.irs	.gov/Form990 for instructions	and the latest inforn		Inspect	
Name	of the organization				Employer i	dentification n	umber
	Wyatt Aca	ademv			84-146	9610	
Par	-	-	or Advised Funds or Oth	er Similar Funds		00040	
. a.	Complete	if the organization answ	wered 'Yes' on Form 990), Part IV, line 6.			
			(a) Donor advised	funds	(b) Funds and	other accou	unts
1		end of year					
2		ntributions to (during year)					
3 4		at end of year					
5	00 0	2	nor advisors in writing that the	assets held in donor	advised funds		
	are the organizati	on's property, subject to the	organization's exclusive legal	control?	· · · · · · · · · · · · · · · L	Yes	No
6	Did the organizati	on inform all grantees, dono poses and not for the benefit	rs, and donor advisors in writi of the donor or donor advisor	ng that grant funds ca , or for any other pur	an be used only pose conferring _	_	_
	impermissible pri	vate benefit?			· · · · · · · · · · · · · · · ·	Yes	No
Par		tion Easements.	wared Weel on Form 000	Dort IV line 7			
1			wered 'Yes' on Form 990 the organization (check all the o				
•		of land for public use (e.g., r		11.37	historically importa	nt land are	а
		natural habitat			certified historic st		
	Preservation	of open space					
2	Complete lines 2a last day of the tax		neld a qualified conservation con	tribution in the form of	a conservation ease	ement on the	e
				Γ	Held at the	End of the	Tax Year
a	Total number of c	conservation easements			2 a		
	0	2	ments		2 b		
c	Number of conser	rvation easements on a certi-	fied historic structure included	in (a)	2 c		
C	Number of consein structure listed in	vation easements included i the National Register.	n (c) acquired after 7/25/06, a	nd not on a historic	2 d		
3			nsferred, released, extinguished,		rganization during th	e	
4	Number of states v	where property subject to conse	ervation easement is located >				
5			garding the periodic monitorin		ng of violations,	Yes	No
6			inspecting, handling of violations		vation easements du		
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and	d enforcing conservatio	n easements during	the year	
8	Does each conse and section 170(h	rvation easement reported or i)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of sectior	n 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describ include, if applica conservation ease	ble, the text of the footnote	s conservation easements in its i to the organization's financial	revenue and expense s statements that desci	tatement, and balan ribes the organizat	ce sheet, ar ion's accou	nd nting for
Par	t III Organizat Complete	tions Maintaining Colle	ctions of Art, Historical wered 'Yes' on Form 990	Treasures, or Ot), Part IV, line 8.	her Similar Ass	ets.	
1 a	art, historical treas	ures, or other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describes	n, or research in furthe	statement and bala rance of public serv	ance sheet ice, provide	works of
Ł	following amounts	s relating to these items:	r SFAS 116 (ASC 958), to rep or public exhibition, education, o			e sheet wor provide the	ks of art,
			line 1				
2	•••		nistorical treasures, or other simi				
	amounts required	to be reported under SFAS	1	se items:		ownig	
			L				
			Instructions for Form 990.			lule D (For	m 990) 2018

BAA	For Pa	nerwork	Reduction	Act Notice	see the	Instructions	for Form	990
BUNN	10114	permon	neudenon	Act notice,	Jee ale	moducations	101 1 0111	

Schedule D (Form 990) 2018 Wyatt		ions of Art, Histo	orical Treasures, or	84-146 Other Similar Ass			Page 2 ed)
3 Using the organization's acquisition	•				•		
items (check all that apply): a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather t					Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme	nts. Complete if t orm 990 Part X	he organization ans line 21	wered 'Yes' on Fo	rm 990,	Part	:IV,
·							
1 a Is the organization an agent, true on Form 990, Part X?				r assets not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII and	I complete the followi	ng table:	· · · · · · · · · · · · · · · · · · ·			
c Beginning balance					Amount		
d Additions during the year							
e Distributions during the year				-			
f Ending balance							
2 a Did the organization include an a					Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Ch	eck here if the explar	nation has been provided	d on Part XIII.	 	🗖	1
Part V Endowment Funds. C	omplete if th	<u>e organization an</u>	swered 'Yes' on For	r <u>m 990, Part IV, lir</u>	<u>10.</u>		
	(a) Current ye	ar (b) Prior year	r (c) Two years back	(d) Three years back	(e) Fou	ur years	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							
q End of year balance					-		
2 Provide the estimated percentag		year end balance (lin	ie 1g, column (a)) held a	is:			
a Board designated or quasi-endowm	ient 🕨	010					
b Permanent endowment	olo						
c Temporarily restricted endowment	nt 🕨	90					
The percentages on lines 2a, 2b, a	nd 2c should equ	al 100%.					
3a Are there endowment funds not in	the possession of	the organization that a	are held and administered	for the	_		
organization by:						/es	No
(i) unrelated organizations					3a(i)		
(ii) related organizationsb If 'Yes' on line 3a(ii), are the relation					. 3a(ii)		
4 Describe in Part XIII the intended					. 3b		
Part VI Land, Buildings, and							
Complete if the organ		ered 'Yes' on Forr	n 990 Part IV line	11a See Form 99	0 Part	X lir	ıe 10
Description of property				(c) Accumulated	(d) Bo		
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	depreciation	(u) B0	iun va	lue
1 a Land							
b Buildings							
c Leasehold improvements		2,845,944.		1,256,227.	1,	589,	717.
d Equipment		29,839.		14,789.		15,	050.
e Other							
Total. Add lines 1a through 1e. (Colum	nn (d) must equa	ai ⊢orm 990, Part X, o	column (B), line 10c.)		<u>1, </u>		767.

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 Wyatt Academy			84-1468640	Page 3
Part VII Investments – Other Securities. Complete if the organization answered	Vac' on Form 000	N/A	Soo Form 000 Por	t V line 12
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year mark	
(1) Financial derivatives	(b) Book Value			
(2) Closely-held equity interests				
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
_(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		27.17		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV line 11c	See Form 990 Par	t X line 13
(a) Description of investment	(b) Book value		on: Cost or end-of-year n	
(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.				
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990). Part IV. line 11d.	See Form 990, Par	t X. line 15.
	scription	, , ,		ook value
(1) OPEB, Net of Acc Amort				10,440.
(2) Other Assets				300.
(3) Pensions, Net of Acc Amort				487,413.
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)		••••••	498,153.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 000 Part IV line 1	10 or 11f Soo Form 000	Part V lina 25	
(a) Description of liability	(b) Book value		, rait A, iiile 2J.	
(1) Federal income taxes				
⁽²⁾ Net OPEB Liability	113,80	9.		
(3) Net Pension Liability	1,697,71	9.		
(4) OPEB, Net of Acc Amort	62,88			
(5) Pensions, Net of Acc Amort	1,552,93	4.		
(6) (7)				
(7) (8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	3,427,34	2.		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that report	s the organization's liability for	uncertain

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.

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 2,731,081. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 2,731,081. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b b Donated services and use of facilities. 2a 2b 2c 2 Amounts included on Form 990, Part VIII, line 12: 2d 2e 3 Subtract line 2e from line 1. 2d 2e 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 2,731,081. 4 Amounts included on Form 990, Part VIII, line 7b. 4a 4b 813,916. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,461,217. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2 2	Schedule D (Form 990) 2018 Wyatt Academy 84	-1468640	Page 4
1 Total revenue, gains, and other support per audited financial statements. 1 2,731,081. 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. 2b 2c c Recoveries of prior year grants. 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d. 3 2,731,081. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a lanvestment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) See Part. XIIII 4b 813,916. c Add lines 4a and 4b. 4c 813,916. 4c s 3,544,997. 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,544,997. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,461,217. 1 Total expenses and losses per audited financial statements. 2 2 2 Donated services and use of facilities.		turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 2, 731, 081. 4 a Investment expenses not 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 5 6 7 total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) c Add lines 4a and 4b. 6 7 total revenue. Add lines 1 and 4c. (This must equal Form 990, Part I, line 12.) 9 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 2 a Donated services and use of facilities.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
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3 Subtract line 2e from line 1. 3 2,731,081. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a ho Other (Describe in Part XIII.) See Part XIII 4a 4c 813,916. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,544,997. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,461,217. 1 Total expenses and losses per audited financial statements. 1 2,461,217. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities. 2b 2c 2d b Prior year adjustments. 2b 2c 2d 2e e Add lines 2a through 2d. 2e 2e 2e 2e	d Other (Describe in Part XIII.) 2d		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) See Part XIII c Add lines 4a and 4b. 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 9art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	e Add lines 2a through 2d	2 e	
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b Other (Describe in Part XIII.) See Part XIII 4b 813,916. c Add lines 4a and 4b. 4c 813,916. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,544,997. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,461,217. 1 2,461,217. 2 1 2,461,217. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a a Donated services and use of facilities. 2b 2a 2b 2a b Prior year adjustments. 2c 2d 2e 2e e Add lines 2a through 2d. 2e 2e 2e 2e	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 4c 813,916. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,544,997. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,461,217. 1 Total expenses and losses per audited financial statements 1 2,461,217. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities. 2b 2b 2c b Prior year adjustments. 2c 2c 2d c Other (Describe in Part XIII.) 2d 2e 2e	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	b Other (Describe in Part XIII.) See Part XIII 4b 813,916.		
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2,461,217. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a 2b b Prior year adjustments. 2b 2c 2c c Other losses. 2c 2c 2c d Other (Describe in Part XIII.) 2d 2e	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,5	644,997.
1 Total expenses and losses per audited financial statements 1 2,461,217. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2b 2b b Prior year adjustments. 2b 2c c Other (Describe in Part XIII.) 2d 2e	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 Total expenses and losses per audited financial statements	1 2,4	61,217.
b Prior year adjustments 2b c Other losses	2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · ·	
c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 2e	a Donated services and use of facilities 2a		
d Other (Describe in Part XIII.) e Add lines 2a through 2d.	b Prior year adjustments		
e Add lines 2a through 2d.	c Other losses.		
5	d Other (Describe in Part XIII.)		
3 Subtract line 2e from line 13 2,461,217.	e Add lines 2a through 2d.	2 e	
	3 Subtract line 2e from line 1.	3 2.4	61,217.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	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	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) See Part XIII 4b 813,916.	b Other (Describe in Part XIII.) See Part XIII 4b 813,916.		
c Add lines 4a and 4b		- 0	13,916.
5 Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5 3,2	75,133.
Part XIII Supplemental Information.	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.

Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S		
Pension Accrual Adjustment	\$ \$	813,916. 813,916.
Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S		
Pension Accrual Adjustment	\$ \$	813,916. 813,916.

BAA

	Schools	OMB	8 No. 1	545-00	47	
SCHEDULE E (Form 990 or 990-EZ)	r 990-EZ) ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.			2018 Open to Public		
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		en to pecti		IC	
Name of the organization	Jyatt Academy		ber			
Part I	84-1468640)				
				YES	NO	
1 Does the organize governing instrum	ation have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, c 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	V		
	tion publicized its racially nondiscriminatory policy through newspaper or broadcast media during th on for students, or during the registration period if it has no solicitation program, in a way that makes o all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you		2	X		
need more space	e, use Part II	· · · ·	3	Х		
4 Does the organiz	ation maintain the following?					
	g the racial composition of the student body, faculty, and administrative staff?	· · · · _	4 a	Х		
nondiscriminatory	nting that scholarships and other financial assistance are awarded on a racially / basis?		4 b	Х		
c Copies of all catale student admissio	ogues, brochures, announcements, and other written communications to the public dealing with ns, programs, and scholarships?		4 c	Х		
	erial used by the organization or on its behalf to solicit contributions?		4 d	X		
If you answered '	No' to any of the above, please explain. If you need more space, use Part II.					
5 Does the organize	ation discriminate by race in any way with respect to:					
a Students' rights o	or privileges?	· · · ·	5 a		Х	
b Admissions polici	ies?		5 b		Х	
c Employment of fa	aculty or administrative staff?	· · · · _	5 c		Х	
d Scholarships or c	ther financial assistance?		5 d		Х	
e Educational polic	ies?	· · · · _	5 e		Х	
f Use of facilities?.			5 f		Х	
g Athletic programs	5?		5 g		Х	
	ular activities? Yes' to any of the above, please explain. If you need more space, use Part II.		5 h		х	
6 a Does the organiz	ation receive any financial aid or assistance from a governmental agency?	· · · · ·	6 a		Х	
b Has the organiza	tion's right to such aid ever been revoked or suspended?		6 b		Х	
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		
	duction Act Notice can the Instructions for Form 990 or Form 990 F7 Schedule F (For		-		0010	

 Schedule E (Form 990 or 990-EZ) 2018
 Wyatt Academy
 84-1468640

 Part II
 Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

 Page 2

SCHEDULE O (Form 990 or 990-EZ)

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

OMB No. 1545-0047 **2018**Open to Public

Open to Public Inspection

Wyatt Academy

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

A copy of the Form 990 was distributed and reviewed by the governing body prior to its filing.

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

New board members are required to sign a Conflict of Interest policy and each year the board reviews the policy and asks if there are any ongoing conflicts. Each board member is required to disclose any conflicts before votes that may be affected by a conflict. Conflicted members are expected to recuse themselves from votes pertaining to the matter that the member has a conflict with.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The process for determining compensation of Wyatt Academy's key employees included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision.

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

Wyatt Academy makes its governing documents, Conflict of Interest policy, and financial statements available to the public upon request.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	& General	raising
Other Purchased Services		334,336.	86,557.	247,779.	
	Total <u>\$</u>	334,336.	\$ 86,557.	\$ 247,779.	\$0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Wyatt Academy

Employer identification number 84-1468640

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

(a) Name, address, and EIN (if applicable) of disregarded er	ntity	(b) Primary activity		(« Legal dom or foreign	(c) micile (state To gn country)		(d) otal income	(e) End-of-year assets		(f) Direct controllin entity		lling
<u>(1)</u>												
(2)		-										
(3)		-										
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga					answere	d 'Yes'	' on Form 99	0, Part	IV, line 34,	becau	se it	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	(« Legal dom or foreigr	c) icile (state i country)	(d) Exempt sectio	Code on	(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	(g Sec 512(controlled	
(1) Wyatt_Building_Corporatoin 3620_Franklin_Street Denver, CO_80205-3325 45-5080297 (2)		ort Wyatt cademy		20	501 (c)) (3)	509(a)	(3)	N/A		Yes	No X
(3)												
(4) 												

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

Schedule R (Form 990) 2018 Wyatt Academy

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

		0			•	5	2							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlline entity	excluded fron under section	ated, i 1 tax ons	(f) re of total ncome	(g Shar end-of ass	e of ^f -year	Dispr tior alloca		(i) Code V-UBI amount in box 20 of Schedul K-1 (Form	Gene man e part	nër?	(k) Percentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No	
<u>(1)</u>														
<u>(2)</u>														
(3)	-													
	_													
Part IV Identification of line 34, because	of Related Organ se it had one or i	nizations more rela	Taxable as ated organi	s a Corporatio zations treated	n or Trust l as a corp	. Complete	e if the o r trust du	rganizat ring the	tion a tax y	nswei vear.	red 'Yes' on	Form 9	90, P	art IV,
(a) Name, address, and EIN	of related organizati	on Prim	(b) ary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type (C corp	(e) of entity o, S corp, trust)	(f) Share total inc	e of		(g) are of end-of- year assets	(h) Percentag ownershi	e Se con	(i) c 512(b)(13) trolled entity?

		country)	entity	or trust)		,					
		country)	entity	01 (1031)				Yes	No		
(1)											
	1										
	+										
(2)											
(3)											
	1										
	1										
BAA	1	TEEA	5002L 10/02/18	1	1	1	Schedule R (Form 990) 2018		

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	ted in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х				
b Gift, grant, or capital contribution to related organization(s)			1 b		Х				
c Gift, grant, or capital contribution from related organization(s)			1 c		Х				
d Loans or loan guarantees to or for related organization(s)			1 d		Х				
e Loans or loan guarantees by related organization(s)			1 e		Х				
f Dividends from related organization(s).			1 f		Х				
g Sale of assets to related organization(s)			1 g		Х				
h Purchase of assets from related organization(s)			1 h		Х				
i Exchange of assets with related organization(s)			1i		Х				
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х				
Is Lance of facilities, equipment, or other access from related expension(a)			11.		V				
k Lease of facilities, equipment, or other assets from related organization(s).			1 k		X				
Performance of services or membership or fundraising solicitations for related organization(s).			11 1 m		X X				
m Performance of services or membership or fundraising solicitations by related organization(s).									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)			10		Х				
p Reimbursement paid to related organization(s) for expenses			1p		X				
q Reimbursement paid by related organization(s) for expenses.			1q		X				
			- 4						
r Other transfer of cash or property to related organization(s)			1r		Х				
s Other transfer of cash or property from related organization(s)			1s		X				
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covere			15	I	Л				
(a) Name of related organization	(b) Transaction		(thod of	d)					
Name of related organization	Transaction type (a-s)	(c) Amount involved Me	thod of amount	detern involv	nining ved				
			amount	1110010	cu				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
BAA TEEA5003L 06/07/18		Schedule	R (Forr	n 990)) 2018				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
	1													
	1													
(2)	-													
	1													
	-													
(3)	-													
	4													
	1													
(4)	-													
	-													
	-													
(5)														
	-													
	-													
(6)														
	-													
(7)														
	1													
	-													
(8)														
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 Schedule R (Form 990) 2018
 Wyatt Academy
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 Part VII
 Supplemental Information.
 Provide additional information for responses to questions on Schedule R. See instructions.