Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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

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

19 ł Open to Public Inspection

OMB No. 1545-0047

A	For th	e 2019 calendar year, or tax year beginning $ m JUL1,2019$ and e	ending J	UN 30, 2020	
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	Eastlake High School of Colorado Sprin	igs		
	Name		-	20-148632	27
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr			719-471-0	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,713,096.
	Amer	cororado springs, co objio		H(a) Is this a group re	turn
	Appli tion pendi			for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1) or	r 🛄 527	1	list. (see instructions)
		te:▶ http://www.eastlakehs.net/		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004 M	State of legal domicile: CO
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: Educa	itiona	I services p	provided to
ane		at risk students not thriving in a tradit			
Governance	2	Check this box		1 1	
ğ	3				<u> </u>
<u>مە</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)			0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>		
				Prior Year 201,123.	Current Year 166,537.
iue	8	Contributions and grants (Part VIII, line 1h)		2,789,344.	1,543,611.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,113.	2,948.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,799.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,998,379.	1,713,096.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,267,547.	2,013,951.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben			0.		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		778,177.	787,840.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,045,724.	2,801,791.
		Revenue less expenses. Subtract line 18 from line 12		<47,345.	
or	1.0			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,828,643.	3,007,044.
Ass J Ba	21	Total liabilities (Part X, line 26)		4,687,743.	3,954,839.
Net-	22	Net assets or fund balances. Subtract line 21 from line 20		140,900.	<947,795.>
	art II	Signature Block		, , -	,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Dr. Luis Velez, Presid Type or print name and title	Date						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	Thomas G. Sistare		<sup>if</sup> self-employed <b>P00356968</b>					
Preparer	Firm's name 🕨 Hoelting & Compa		Firm's EIN 30-0514455					
Use Only	Firm's address 💊 31 E Platte Ave,							
	Colorado Springs, CO 80903 Phone no.719-630-1091							
May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	132001       01-20-20       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2019)							

	Eastlake High School of Colorado Springs 20-1486327 Page 2 rt III Statement of Program Service Accomplishments
ı u	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Life Skills Center of Colorado Springs was established to provide its
	students with an individualized, self-paced, computer-based, and
	tuition-free education complemented by a life skills and vocational
	training component.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Provided an educational facility and services to students who have
	dropped out of, or are at risk of dropping out of, their respective
	high school, and provided those individuals with a high school
	education, job training and other life skills.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:         ) (Expenses \$
<u> </u>	
4d	Other program services (Describe on Schedule O.)
4.0	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 2,323,408.
<u>4e</u>	Total program service expenses ► 2,323,408.

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			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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	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	11b		х
с	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	11c		X
d	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	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		<u> </u>
IZd	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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			x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		_ <u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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	~		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	-77

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	000		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
30	· · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IBS Filings and Tax Compliance (continued)	Form 990 (2019)	Eastlake						20-1486327	Pa	age <b>5</b>
	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)									

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 27					
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 <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			77		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 23		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50				
0u	any contributions that were not tax deductible as charitable contributions?	6a		x		
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
	If "Yes," indicate the number of Forms 8282 filed during the year7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h				
h	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	0				
9	sponsoring organization have excess business holdings at any time during the year?	8				
э а	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:	0.0				
a	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans					
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
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?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 719-471-0684			
	1810 Eastlake Blvd, Colorado Springs, CO 80910			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		cer ar	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any hours for related organizations below line)	irecto						the	organizations	compensation
	nours for	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-101130)		and related
	below	dualt	tiona		loldu	st co I	5			organizations
	line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) Dr. Luis Velez	1.50	-	_		<u> </u>	Ť				
Board President/Treasurer		X		X				0.	0.	0.
(2) Stanley Gbandawa	1.50									
Vice President		X		X				0.	0.	0.
(3) Jack Thomas	1.50									
Board Director		Х						0.	0.	0.
(4) Gilbert Martinez	1.50									
Board Director		X						0.	0.	0.
(5) Steve Schuck	1.50									_
Board Director		X						0.	0.	0.
			<u> </u>							
	· ·									
						-	-			
			-	-		-	-			

	-							orado Spring		3632	7 р	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)   c   ;	ompensa from th organizat and relat	ation ne tion ted
										_		
										_		
										_		
		-										
										_		
										_		
1b Subtotal		1				Ľ		0.		).		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.		).		0.
2 Total number of individuals (including but r compensation from the organization							no r	eceived more than \$100	0,000 of reportable			0
3 Did the organization list any <b>former</b> officer	director, trust	ee, I	key e	empl	loye	e, o	r hic	hest compensated em	oloyee on		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the si								her compensation from		3	;	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sche	edul	e J f	for such individual		. 4		X
rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors								e e		5	;	X
1 Complete this table for your five highest co	•	•							· ·	ensatio	n from	
the organization. Report compensation for (A) Name and business		ear (	endi	ng v	vith	or w	rithir	(B)			(C) pensatio	
Craddock Commercial Real	Estate							Description of s School Build			•	
Pikes Peak, Ste 200, Col	orado Sj	<u>pr</u>	LIIQ	js,	, (	20	_	Rental			.87,4	
2 Total number of independent contractors ( \$100,000 of compensation from the organ	e e	not lii	mite	d to	tho	se li 1	stec	d above) who received r	nore than			

	n 990 ( <b>rt VII</b>		l of Colorado Springs	20-1486327 Page 9
Га		Check if Schedule O contains a response or note to ar	ny line in this Part VIII	
			(A) (B) Total revenue Related or exempt	(C) (D)
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e       166,53         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$         Total. Add lines 1a-1f       Business Comparison	▶ 166,537.	
Program Service Revenue	2a b c d f	Per Pupil Revenue     61111	0 1,543,611.1,543,611. ▶ 1,543,611.	
Js Other Revenue	c d 7 a b c d 8 a b c 9 a b c 10 a b	Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         Gross rents         6a	2,948.	
Miscellaneous Revenue	11 a b c d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions	▶	
	12	Total revenue. See instructions	▶ 1,713,096.1,543,611.	0. 2,948.

# Form 990 (2019) Eastlake High School of Colorado Springs 20-1486327 Page 10 Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		1		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	930,394.	790,835.	139,559.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	833,931.	708,841.	125,090.	
9	Other employee benefits	201,771.	171,505.	30,266.	
10	Payroll taxes	47,855.	40,677.	7,178.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	70,315.		70,315.	
С	Accounting	35,261.		35,261.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	48,096.	40,882.	7,214.	
12	Advertising and promotion	17,020.	14,467.	2,553.	
13	Office expenses	1,011.	859.	152.	
14 15	Information technology	1,011.	0.5.5.	152.	
15 16	Royalties Occupancy				
17	Travel	7,367.	6,262.	1,105.	
18	Payments of travel or entertainment expenses	,	-,	_,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,952.	2,509.	443.	
23	Insurance	17,005.	14,454.	2,551.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Purchased Services	272,248.	231,411.	40,837.	
b	Instructional Supplies	207,255.	207,255.		
с	Other Expenses	64,781.	55,065.	9,716.	
d	Utilities	26,585.	22,597.	3,988.	
е	All other expenses	17,944.	15,789.	2,155.	
25	Total functional expenses. Add lines 1 through 24e	2,801,791.	2,323,408.	478,383.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201)

Eastlake H	Iigh School	of Colorad	lo Springs	20-1486327	Page <b>11</b>
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 Part X
 Balance Sheet

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

 (A)
 (B)

 Beginning of year
 Image: Colspan="2">(A)

 1
 Cash - non-interest-bearing
 1,018,117.1
 911,085.

 2
 Savings and temporary cash investments
 2

 3
 Pledges and grants receivable, net
 3

 4
 Accounts receivable, net
 5,200.4
 0.

 5
 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons
 5

 6
 Loans and other receivables from other disqualified persons (as defined under service of 1000(0)(0)(0))
 6

	3	Pleages and grants receivable, net		L		3	
	4	Accounts receivable, net			5,200.	4	0.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ins		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use		8			
As	9				32,617.	9	0.
		Land, buildings, and equipment: cost or other	I I			-	
		basis. Complete Part VI of Schedule D	10a	14,759.			
	b	Less: accumulated depreciation		<u>14,759.</u> 4,220.	5,071.	10c	10,539.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,767,638.	15	2,085,420.
	16	Total assets. Add lines 1 through 15 (must equ			4,828,643.	16	3,007,044.
	17	Accounts payable and accrued expenses	6,493.	17	32,077.		
	18	Grants payable				18	
	19	Deferred revenue				19	80,397.
	20					20	
	21	Escrow or custodial account liability. Complete		E		21	
ŝ	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			4,681,250.	25	3,842,365.
	26	Total liabilities. Add lines 17 through 25			4,687,743.	26	3,842,365. 3,954,839.
		Organizations that follow FASB ASC 958, che	ck here				
und Balances		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			47,729.	27	<1,010,834.>
Ba	28	Net assets with donor restrictions			93,171.	28	<1,010,834.> 63,039.
pur		Organizations that do not follow FASB ASC 9					
ц		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds		29			
Net Assets or Fi	30	Paid-in or capital surplus, or land, building, or ec		30			
As	31	Retained earnings, endowment, accumulated in		31			
Net	32	Total net assets or fund balances			140,900.	32	<947,795.>
	33	Total liabilities and net assets/fund balances			4,828,643.	33	3,007,044.
							Form <b>990</b> (2019)

Forn	n 990 (2019) Eastlake High School of Colorado Springs	20-	14863	27	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,7			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>95.</u> >		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		140,900.				
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					~ <b>-</b>		
_	column (B))	10	<	94	7,7	<u>95.</u> >		
Ра	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			-	_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
<b>b</b> Were the organization's financial statements audited by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			~	х			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>л</u>			
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			20		х		
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			3a				
U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			зь				
	of addits, explain why on Schedule of and describe any steps taken to undergo such addits				990	2019)		
			·					

SCHEDULE A	
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Department of the Treasury

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(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.

2019
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								Inspection		
Nam	ne of t	he organizati			- 1 1 6 -		-			identification number
		Decen			School of Co					0-1486327
Pa					All organizations must co	-		e instruction	IS.	
	organ				(For lines 1 through 12, c					
1					on of churches described			l)(A)(i).		
2	X									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
4		A medical res	•	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	A)(iii). Enter	the hospital's name,
5				or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit descrit	ned in
5				Complete Part II.)			icu by a g	overnmernar		
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
7	$\square$				intial part of its support f		1		the general	nublic described in
•				omplete Part II.)		ionia gov	onninonta		ano general	
8					(1)(A)(vi). (Complete Par	til.)				
9					in section 170(b)(1)(A)(		ed in coniu	inction with a	a land-grant	college
		-	-	-	culture (see instructions).				-	-
		university:								
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	Ind gross receipts from
					ct to certain exceptions,					
		income and ι	Inrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.
		See section	<b>509(a)(2).</b> (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to c	arry out the	e purposes of one or
					ed in <b>section 509(a)(1)</b> o					Check the box in
		7			of supporting organizatio					
а					supervised, or controlled	•				
					gularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	supporting
		٦ <sup>-</sup>		complete Part IV, Se						
b				-	d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ропеа
		٦ <sup>-</sup>		t complete Part IV,	g organization operated	in connoc	tion with	and function	ally integrat	od with
С			-	-	g organization operated b). You must complete I				any integrat	eu with,
d			-		oorting organization oper				orted organi	zation(s)
u			-		zation generally must sat				-	
					nplete Part IV, Sections					TVCHC33
е					written determination fro				e II. Type III	
-			•		nally integrated support				, . , pee	
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Pro	ide the follow	ing information	n about the supporte	ed organization(s).					
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount c	,	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

## Schedule A (Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			d fourth or fifth ta			
10	organization, check this box and stop				-		
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				······
	Public support percentage for 2019 (I			column (f))		14	%
	Public support percentage from 2018					15	%
	<b>33 1/3% support test - 2019.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the o						
-	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						· · · · ·
L	10% -facts-and-circumstances test	-	-				
D.							
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a	and see instru	

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) orga	inization,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ		-				
15	Public support percentage for 2019 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	1			
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and lin	e 17 is not
٢	more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the						►
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
				,,			

## Schedule A (Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 Page 4

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below*.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	-		
	3c		
	4a		
Ì	14		
	4b		
	4c		
	5a		
	5b		
ł	50 5c		
ļ	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		

# Schedule A (Form 990 or 990 EZ) 2019 Eastlake High School of Colorado Springs20-1486327 Page 5

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	•		
800	supervised, or controlled the supporting organization.	2		
Sec			Vee	Na
-	Ware a majority of the experimentation's directors or trustees during the tex year alog a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	1		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on 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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	1		
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions		, , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	Form 990 or 990-EZ) 2019 Eastlake High School of Colorado Springs20-1486327 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D

(Form 990)
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932051 10-02-19

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20 - 1486327

		ool of Colorado Sprin	
Pa			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	
Do			
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat		of a certified historic structure
0	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lined conservation contribution in the for	Held at the End of the Tax Year
2	day of the tax year.		
a b	Total number of conservation easements		
b c	Number of conservation easements on a certified historic st	tructure included in (a)	
d	Number of conservation easements included in (c) acquired		
ŭ	listed in the National Register		
3	Number of conservation easements modified, transferred, n		
•	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the policy		- f
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserv	vation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	-	
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial state	ments that describes the
De	organization's accounting for conservation easements.		Othor Similar Acasta
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Forr		
та	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		•
<b>b</b>	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in tu	therance of public service,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
G	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tr	assures, or other similar assets for financ	
2	the following amounts required to be reported under FASB.		าล ซุลแ, ทุงงานะ
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

-		e High Sch	001	of Col	lorado	Spri	ngs i	20-14	<u>86327</u>	Page <b>2</b>
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Oth	er Simila	ar Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	e following th	at make	significant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	change progi	ram				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further	the organizat	tion's exe	empt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of		-						-	
	to be sold to raise funds rather than to be m							L	Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
T	Ending balance						<b>1f</b>			
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes	
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i									
1 0		-						voare back	(a) Four	voare back
10	Designing of year balance	(a) Current year	(D) P	rior year	(c) Two yea	ITS DACK	( <b>a</b> ) Thee y	Cars Dack	(e) Four y	ears back
1a ⊾	Beginning of year balance									
u o	Contributions									
с d	Net investment earnings, gains, and losses									
d	Grants or scholarships Other expenditures for facilities									
e										
f	and programs Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the cur	rent year end balanc	o (lino 1	a column (	(a)) held as:					
- a	Board designated or quasi-endowment	fort year chu balane	%	g, column (	(d)) 11010 03.					
h	Permanent endowment	%								
c c	· · · · · · · · · · · · · · · · · · ·	<u>~</u> /3								
Ū	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·								
3a	Are there endowment funds not in the posse		ation tha	at are held ;	and administ	ered for	the organiz	vation		
	by:									/es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the								L	<b>I</b>
Pa	rt VI   Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a.	See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A		ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation		. ,	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1	L <b>4</b> ,759.		4,2	20.	10	,539.
	Other									
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	X, colur	nn (B), line	10c.)				10	,539.

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	Eastlake	High	School	of	Colorado	Springs	20-1486327	Page <b>3</b>
Part VII	Investments	- Other Securities	5.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deferred Outflows of Resources	2,075,420.
(2) Deposits	10,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 2,085,420.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Net Pension Liabilities	2,459,024.
(3) Deferred Inflows of Resources	1,383,341.
(4)	
(5)	
(6)	
(7)	
(7) (8)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 3,842,365.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Sche	edule D (Form 990) 2019 Eastlake High School of	Colorado Spri	ngs 20-1	L486327 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,713,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,713,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,713,096.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expension	ses per Retu	rn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	-	ses per Retu	
Pa 1		e 12a.	· · · · ·	rn. 2,801,791.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	· · · · ·	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.	· · · · ·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a.	· · · · ·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	· · · · ·	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	· · · · ·	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		2,801,791.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	1	2,801,791.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	2,801,791.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	1	2,801,791.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	1	2,801,791.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1	2,801,791. 0. 2,801,791. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1	2,801,791. 0. 2,801,791.

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.

<b>(For</b> ) Departr	HEDULE E       Schools         n 990 or 990-EZ)       Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.         hent of the Treasury       Attach to Form 990 or Form 990-EZ.         Revenue Service       Go to www.irs.gov/Form990 for the latest information.		MB No. <b>20</b> pen to spect	<b>19</b>	
Name	of the organization Empl	oyer ident	ificati	on nu	mber
	Eastlake High School of Colorado Springs	20-1	486	327	
Par	tl				
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			x	
0	other governing instrument, or in a resolution of its governing body?		1	~	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scho	-	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		2		
Ŭ	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes				
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.				
	If you need more space, use Part II		3	Х	
	The School discloses its nondiscriminatory policy in its				
	registration materials.				
	Does the organization maintain the following?		10	х	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a 4b	X	<u> </u>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with si		40		<u> </u>
•	admissions, programs, and scholarships?		4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Х	<u> </u>
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.				
_					
	Does the organization discriminate by race in any way with respect to:		_		x
	Students' rights or privileges?		5a 5b		X
	Admissions policies? Employment of faculty or administrative staff?		50 5c		X
	Scholarships or other financial assistance?		5d		X
	Educational policies?		5e		X
	Use of facilities?		5f		X
	Athletic programs?		5g		Х
	Other extracurricular activities?		5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				
6-			6-		x
	Does the organization receive any financial aid or assistance from a governmental agency?		6a 6b		X
D	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		00		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of				
-	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	х	
LHA		le E (Form §	990 or	990-EZ	<u>(</u> ) 2019

932061 10-09-19

Schedule E (Form 990 or 990 EZ) 2019 Eastlake High School of Colorado Springs20-1486327	<sup>2</sup> age <b>2</b>
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.         Also provide any other additional information.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	COIS Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	Eastlake High School of Colorado Springs	20-1486327
Form 990, Par	t VI, Section B, line 11b:	
A copy of For	m 990 is provided to a representative of the	board for
approval befo	re the form is filed.	
Form 990, Par	t VI, Section C, Line 19:	
The governing	documents and financial statements are avai	lable to the
public by req	uest. Interested parties may use the contact	information
listed on Par	t VI for Form 990 to request a review of the	se records.
Form 990, Par	t XII, Line 2C	
The oversight	process has not changed during the year.	