** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

JUL 1, 2018 and ending JUN 30, A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, Address change INC. Name change 84-1602733 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 303-524-6324 3401 QUEBEC STREET 2000 termin-ated 18,551,671. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return DENVER, CO 80207 H(a) Is this a group return Applica-F Name and address of principal officer: TAMEEKA SMITH Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.DSSTPUBLICSCHOOLS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2001 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE A TECHNOLOGY-RICH PUBLIC Activities & Governance SCHOOL LEARNING ENVIRONMENT FOR A DIVERSE GROUP OF STUDENTS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) <u>14</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>1109</u> 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 979,623. 4,123,258.Contributions and grants (Part VIII, line 1h) Revenue 10,949,069. 13,651,683. Program service revenue (Part VIII, line 2g) 612,597. 776,730. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,551,671. 12,541,289. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,827,723. 5,214,816. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 7,263,920. 10,826,529. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,169,704. 7,401,577. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,261,347. 23,442,922. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,891,251. -5,720,058. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 33,522,396. 35,631,037. 20 Total assets (Part X, line 16) 2,941,808. 5,559,461. 21 Total liabilities (Part X, line 26) 32,689,229**.** 27,962,935. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TAMEEKA SMITH, CHIEF OPERATING OFFICER Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature if self-employed KYLE FRITCH, CPA KYLE FRITCH, CPA 06/08/20 P01313374 Paid Firm's name **EIDE BAILLY**, **LLP** 45-0250958 Preparer Firm's EIN ▶ Firm's address 5299 DTC BLVD., STE. 1000 Use Only Phone no. 303-770-5700 GREENWOOD VILLAGE, CO 80111-3329 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		
1	Briefly describe the organization's miss DSST IS A CHARTER S	sion: CHOOL NETWORK THAT TRANS	FORMS URBAN PUBLIC	
	EDUCATION BY ELIMIN	ATING EDUCATIONAL INEQUI	TY AND PREPARING ALL	
	STUDENTS FOR SUCCES	S IN COLLEGE AND THE 21S	T CENTURY.	
2	Did the organization undertake any siç	gnificant program services during the year which		
	prior Form 990 or 990-EZ?		Yes 🗌	X No
	If "Yes," describe these new services	on Schedule O.		
3	Did the organization cease conducting	g, or make significant changes in how it conducts	s, any program services? Yes 🗌	X No
	If "Yes," describe these changes on S			
4			gest program services, as measured by expenses.	
			its and allocations to others, the total expenses, an	d
	revenue, if any, for each program servi		21/ 016	03 /
4a		,101,210. including grants of \$ 5,	214,816. (Revenue \$ 13,651,6) OR THE ESTABLISHMENT AND	03.
			RVES A STUDENT POPULATION	OF
			ARED 100% OF OUR GRADUATE	
			ARE RECOGNIZED AMONG THE	
	TOP PERFORMING SCHO		THE RECOUNTED INIONS INC	
		<u> </u>		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	,, , , ,			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in S	chedule ())		
ru	(Expenses \$	including grants of \$) (Revenue \$	
4e	Total program service expenses	17,101,210.	, , , , , , , , , , , , , , , , , , , ,	
		· ·	Form 99 0) (2018)

Form 990 (2018) INC . 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	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			
3	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			7.7
_	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,	_		. v
_	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			- V
_	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?			- V
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or 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,		Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α.
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		X
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
a	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	Х	
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	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,			\ ₃₇
	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			\ ₃₇
	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,"			\ ₃₇
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2018) INC .

Part IV Checklist of Required Schedules (continued)

			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		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	
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	allow about the about a significant assess Of the Was II appropriate Calendaria I. Don't IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		-25
34		34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	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	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai	Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	- 55		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c	Х	
	O O		000	(0040

| 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	1109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		· · · · · · · · · · · · · · · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		Х
b	If "Yes," enter the name of the foreign country:		- (EDAD)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		` ′			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 transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		· · · · · · · · · · · · · · · · · · ·	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ua	any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			- Ua		
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		ŀ	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		t t	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD				
''	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	1			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	į l			
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		
	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	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		· · · · · · · · · · · · · · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			,_		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		X
	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 in 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	
b	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 in Schedule O	9		Х
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		X
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?	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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?	12b	X	
С	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	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard 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 ▶CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	TAMEEKA SMITH - 303-524-6324 3401 OHEREC STREET STE 2000 DENVER CO 80207			

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Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	· Em	pployees, 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.

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

Check this box if neither the organiza (A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average		not cl		more	than		Reportable	Reportable	Estimated amount of
	hours per week					is bot or/trus		compensation from	compensation from related	other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLORIA ZAMORA	line) 2 • 0 0	n Inc	lus	JJ0	Ke	훈	윤			
CHAIR	2.00	x		Х				0.	0.	0.
(2) TERESA BERRYMAN	2.00								•	•
VICE CHAIR/TREASURER		х		х				0.	0.	0.
(3) PETER FRITZINGER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVID GREENBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JUSTIN JASCHKE	2.00									
DIRECTOR		Х						0.	0.	0.
(6) DWIGHT JONES	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) DEBORAH MCGRIFF	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) PATRICK O'ROURKE	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(9) GINA RODRIGUEZ	2.00	Х						0.	0.	0.
DIRECTOR (10) GLENN RUSSO	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(11) GREG SISSEL	2.00							0.	0.	<u> </u>
DIRECTOR	2,00	x						0.	0.	0.
(12) GEORGE SPARKS	2.00								•	•
DIRECTOR		х						0.	0.	0.
(13) ALYSSA WHITEHEAD-BUST	2.00									
DIRECTOR		Х						0.	0.	0.
(14) SCOTT ARTHUR	2.00									
DIRECTOR		Х						0.	0.	0.
(15) BILL KURTZ	40.00									
CHIEF EXECUTIVE OFFICER				X				242,658.	0.	22,054.
(16) SCOTT WALKER	40.00							440.00		
CHIEF OPERATING OFFICER	10.00		Щ	X				143,968.	0.	23,439.
(17) NICOLE FULBRIGHT	40.00			ι,				124 070	_	20 040
CHIEF ACADEMIC OFFICER				X				134,879.	0.	29,040.

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(A)	(B)	1 ' 1 ' 1						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	ed
	hours per	box	box, unless person is officer and a director.			is bot	h an	compensation	compensation	1	an	nount	of
	week	\vdash	Cer ai	lu a c	lirecto	or/trus	lee)	from	from related			other	
	(list any hours for	director				L		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	ee or o	stee			nsateo		(W-2/1099-MISC)	(***27 1033-141134	٥,		anizat	
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee						d relat	
	below	vidua	itutior	Ser	Key employee	hest c	ner				orga	anizati	ons
	line)	Indi	Inst	Officer	Key	High	윤						
(18) HEATHER LAMM	40.00	1						140 600		^	_	۰ .	0.1
CHIEF ADVOCACY & COMMUNICATIONS OFF		_	_	X	<u> </u>	_		140,608.		0.		3,7	81.
(19) CHRISTINE NELSON	40.00	-		x				151 462		0.	1	a 2	10
CHIEF OF STAFF (20) STEFAN MCVOY	40.00		-	^				151,462.		0.		9,2	то.
DIRECTOR OF SCHOOLS	40.00	1				x		123,008.		0.	1	0,4	87
(21) JENNA KALIN	40.00	<u> </u>	\vdash		\vdash	+		123,000.		•		0, =	07.
SCHOOL DIRECTOR	1000	1				$ \mathbf{x} $		122,680.		0.	1	0,1	98.
(22) BRADLEY WHITE	40.00					+						- , -	
SCHOOL DIRECTOR		1				X		121,587.		0.	2	0,9	84.
(23) GREGG GONZALES	40.00							-					
DIRECTOR OF SCHOOLS						X		127,760.		0.	1	0,9	28.
(24) REBECCA BLOCH	40.00												
SCHOOL DIRECTOR						Х		123,847.		0.	1	9,7	94.
		-											
dh Cub total								1,432,457.		0.	18	9,9	23
1b Sub-total c Total from continuation sheets to Part \								0.		0.	10	<i>,,</i>	0.
d Total (add lines 1b and 1c)								1,432,457.		0.	18	9,9	
Total number of individuals (including but									1 000 of reportable	_		, , ,	
compensation from the organization	not inflitted to th	1000	, 1100	ou u	201	O, W	10 1	cocived more than proc	,,ooo or reportable	•			10
												Yes	No
3 Did the organization list any former office	r, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	," cc	mpl	ete S	Sche	edul	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	mplete Schedui	le J i	for s	uch	pers	son					5		X
Section B. Independent Contractors									•			_	
1 Complete this table for your five highest of	-	-								oens	ation f	rom	
the organization. Report compensation fo	r the calendar y	ear	ena	ing v	vitn	or w	itnii		year.		10	<u> </u>	
Name and busines	s address	N	ONI	F:				(B) Description of s	services	С	Ompei		n
								-					
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li: 0	stec	d above) who received n	nore than				
gros, see or compensation nom the organ	4.1011					-							

Form 990 (2018) INC.
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our		Membership dues						
S, G		Fundraising events						
ar,		Related organizations						
imi		Government grants (contribut		470,672.				
rior S S	f	All other contributions, gifts, gran	ts, and					
ig a		similar amounts not included abo	ve 1f	3,652,586.				
함	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	4,123,258.			
				Business Code				
9	2 a	CHARTER MANAGEMENT FEE	INCOME	611710	13,651,683.	13,651,683.		
Program Service Revenue	b							
o Si	С							
lev Sev	d							_
og	е							
۵	f	All other program service reve						
	g	Total. Add lines 2a-2f			13,651,683.			
	3	Investment income (including						
		other similar amounts)			700,248.			700,248.
	4	Income from investment of tax		•				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	76,482	•				
	b	Less: cost or other basis	0					
		and sales expenses	76 492					
		Gain or (loss)			76 492			76 492
		Net gain or (loss)			76,482.			76,482.
ne	8 а	Gross income from fundraisin including \$	•					
Še		including \$ contributions reported on line						
Other Rever		Part IV, line 18	•					
je	h	Less: direct expenses						
δ		Net income or (loss) from fund						
		Gross income from gaming ac	~					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
İ	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			18,551,671.	13,651,683.	0.	776,730.

Part IX Statement of Functional Expenses

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

3601	on 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 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	F 014 016	F 014 016		
	and domestic governments. See Part IV, line 21	5,214,816.	5,214,816.		
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,	061 547	EE0 E21	221 526	01 500
_	trustees, and key employees	961,547.	558,521.	321,526.	81,500.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	8,435,161.	5,034,740.	2,849,972.	550 440
7	Other salaries and wages	0,433,101.	5,034,740.	4,043,3/4.	550,449.
8	Pension plan accruals and contributions (include	285,627.	171,064.	96,036.	18,527.
_	section 401(k) and 403(b) employer contributions)	439,121.	267,691.	153,407.	18,023.
9	Other employee benefits	705,073.	415,641.	239,654.	49,778.
10	Payroll taxes	100,013.	413,041.	439,034.	43,110•
11	Fees for services (non-employees):				
	Management	123,031.		123,031.	
	Legal	68,683.		68,683.	
	Accounting	00,003.		00,003.	
	Lobbying Professional fundraising convices See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17	3,085.		3,085.	
f	Investment management fees	3,003.		3,003.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,988,463.	1,590,771.	397,692.	
10		97,523.	97,523.	331,032.	
12 13	Advertising and promotion Office expenses	1,185,745.	592,873.	592,872.	
14		964,958.	809,889.	155,069.	
15	Information technology	J04, J30.	003,003.	133,003.	
16	Royalties	311,557.	138,705.	172,852.	
17	Occupancy	459,035.	403,767.	54,212.	1,056.
	Travel Payments of travel or entertainment expenses	133,0331	100,707	31/2121	1,0301
18	,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	_				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	254,649.		254,649.	
23	Insurance	122,797.		122,797.	
23 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 0.)				
а	EDUCATIONAL EQUIPMENT	1,320,800.	1,320,800.		
b		, -,,	, -,		
c					
d					
	All other expenses	501,251.	484,409.	16,842.	
25	Total functional expenses. Add lines 1 through 24e	23,442,922.	17,101,210.	5,622,379.	719,333.
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)				
	0.10.21.10		L		Earm 990 (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			830,000.	3	
	4	Accounts receivable, net			679,169.	4	274,627.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ফ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9				627,852.	9	227,563.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,915,403.			
	b	Less: accumulated depreciation	10b	1,283,126.	810,595.	10c	632,277.
	11	Investments - publicly traded securities		26,391,096.	11	23,841,527.	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,292,325.	15	8,546,402.		
	16	Total assets. Add lines 1 through 15 (must equal			35,631,037.	16	33,522,396.
	17	Accounts payable and accrued expenses			2,774,147.	17	5,403,262.
	18	Grants payable		18			
	19	Deferred revenue			167,661.	19	156,199.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officer				
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26				2,941,808.	26	5,559,461.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
auc	27	Unrestricted net assets			11,357,025.	27	12,979,486.
Fund Balances	28	Temporarily restricted net assets			14,630,423.	28	9,764,137.
<u> </u>	29				6,701,781.	29	5,219,312.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	luipmei	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			32,689,229.	33	27,962,935.
	34	Total liabilities and net assets/fund balances			35,631,037.	34	33,522,396.

Form **990** (2018)

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

Form 990 (2018) INC. 84-1602733 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		18,55 23,44		
3			-4,89		
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		32,68		
5	Net unrealized gains (losses) on investments	5		$\frac{3}{4}, \frac{2}{9}$	
6	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6		- , ,	
7		7			
8	Investment expenses Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	-			
10		10	27,96	2.9	35.
Pa	rt XII Financial Statements and Reporting	10	_ , , , , ,	_ , ,	
	Check if Schedule O contains a response or note to any line in this Part XII				
	Oncok ii Oorloadie O cortaine a response of note to any line iii alie i are Ali			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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 84-1602733 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Part II	Support Sched	ule for Organizatio	ns Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 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.")	24709848.	2702565.	1934464.	979,623.	4162462.	34488962.
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	24709848.	2702565.	1934464.	979,623.	4162462.	34488962.
	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)						7600542.
6	Public support. Subtract line 5 from line 4.						26888420.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	24709848.	2702565.	1934464.	979,623.	4162462.	34488962.
	Gross income from interest.				, , , , ,		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	378,833.	544,261.	121,749.	456,495.	700,248.	2201586.
۵	Net income from unrelated business	3707000	311,2021		200,200	, , , , , , , , , , , , , , , , , , , ,	2202000
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						36690548.
	Gross receipts from related activities	oto (soo instructio	one)			12 42	,516,377.
	First five years. If the Form 990 is fo	,	,	d fourth or fifth to	av voar as a soction		732073774
13	organization, check this box and sto		,		•		
Sec	ction C. Computation of Pub						
	Public support percentage for 2018 (column (f))		14	73.28 %
	Public support percentage from 2017					15	62.97 %
	33 1/3% support test - 2018. If the						
	stop here. The organization qualifies	-					
h	33 1/3% support test - 2017. If the						
	and stop here. The organization qua						
17 a	10% -facts-and-circumstances tes						
. <i>, u</i>	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances tes						
J	more, and if the organization meets t	ū				•	
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organization						ns
				,,, 11 k	,		

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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016	(4) 2017	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	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						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second this	rd, fourth, or fifth t	ax vear as a sectio	on 501(c)(3) organiz	ration.
• •		· ·		,	•	() ()	▶
Se	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	% %
	ction D. Computation of Inves					, ,	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2018. If the						
196	more than 33 1/3%, check this box ar						I IS HOL
L							
	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Filvate loundation. If the organization	in ala not check a	DOX OF HILE 14, 18	a, or rab, crieck t	ing bux and see in	อเเนษแบบอ	

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		
	0.0		
	3с		
	30		
	4-		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	401		
	10b	\	0040
m 9	90 or 99	JU-EZ)	2018

Sche	edule A (Form 990 or 990-EZ) 2018 INC.	1002/3	3 Pa	аge 5
Pa	rt IV 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)	44-		
	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. etion B. Type I Supporting Organizations	11c		
360	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		162	NO
•	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.	1		
2		•		
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.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	-110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
	acti 217th Type in eapperting enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-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	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		
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 yeatsee instruction	ns).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	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	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

Schedule A (Form 990 or 990-EZ) 2018 INC.

84-1602733 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion 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	ion 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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
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 is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	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)			
i	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			
	Applied to 2018 distributable amount			
	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			
Ū	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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

84-1602733 Page 8 Schedule A (Form 990 or 990-EZ) 2018 INC. 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, Part VI 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 B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number

84-1602733

Organization type (check one):				
Filers of	:	Section:		
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special l	Rules			
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.		
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),		
	year, contributions is checked, enter t purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$		
but it mu	ı st answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA 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)

Name of organization
DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,
INC.

Employer identification number

84-1602733

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,226,654.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$87,484.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,
INC.

Employer identification number

84-1602733

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC. 84-1602733 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. m t I	(b) Fullpose of grit	(c) Use of gift	(u) Description of now gift is field
_ _			
		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gif	et e e e e e e e e e e e e e e e e e e
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$-\mid =$			
		(e) Transfer of gif	tt
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
		(e) Transfer of gif	tt
	Transferee's name, address, and ZIP + 4		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number 84-1602733

Par			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
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 v	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easements during the year
_	> \$		6 1/ 1/ 7-1/0
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or	Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form	-	Other Ohillian Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh		·
	the text of the footnote to its financial statements that descri	,	rance of public service, provide, in Fart Alli,
b	If the organization elected, as permitted under SFAS 116 (AS		ant and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in furtherance of p	dublic service, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treation		
-	the following amounts required to be reported under SFAS 1		nai gairi, provido
а	Revenue included on Form 990, Part VIII, line 1	· ·	▶ \$
	Assets included in Form 990, Part X		
	, locate moradou in ricitii 000, riait A		× ¥

84-1602733

	rt III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures. or Oth	er Simil	ar Asse	ts/contin		age Z
	Using the organization's acquisition, accession		•	•			•		
•	(check all that apply):	on, and other record	o, oncorrainy or the	ronowing that are a	oigimioani	400 01 110	0011001101		
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	e	Other	nango programo					
c	Preservation for future generations	ŭ							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	emnt nurn	nse in Par	t XIII		
5	During the year, did the organization solicit or					JJC IIII ai	t XIII.		
J	to be sold to raise funds rather than to be ma						Yes		No
Par	rt IV Escrow and Custodial Arrang								110
	reported an amount on Form 990, Par		to il tilo organization	Transwered 100 0	111 01111 000	5,1 ait iv,	1110 0, 01		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	nt included				
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						_ 103		J 140
	Tes, explain the arrangement in art Air a	and complete the fol	lowing table.				Amount		
_	Reginning halance				1c		Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance						Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.				•		_ 1C3		
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	1	ears hack	(e) Four	vears	hack
12	Beginning of year balance	167,661.	156,199.	139,177.		.45,136.			206.
		107,001.	150,155.	100,177	-	15,150.			200.
	Contributions Net investment earnings, gains, and losses	3,203.	14,495.	19,901.		-3,724.		9	833.
	Grants or scholarships	3,203.	11,155.	13,301.	<u>'</u>	5,721.			
	Other expenditures for facilities								
е	·	2,445.	3,033.	2,879.		2,235.		5	903.
	and programs	2,113.	3,033.	2,075.	1	2,233.			
	Administrative expenses	168,419.	167,661.	156,199.	1	39,177.		1/5	136.
g	End of year balance		-	,	1 -	.55,177.		145,	150.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balanc		ij) rielu as.					
a b	Permanent endowment 100.00	%	_%						
	Temporarily restricted endowment	⁷⁰							
C	The percentages on lines 2a, 2b, and 2c sho								
22	Are there endowment funds not in the posse	•	ation that are hold a	nd administered for	the organi	zation			
Ja	by:	33ion of the organiza	tion that are new a	na administered for	tile organi	Lation	Г	Yes	No
	•						3a(i)	X	110
	(ii) unrelated organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza						·	-	
4	Describe in Part XIII the intended uses of the						00	1	
Par	rt VI Land, Buildings, and Equipm		WITICITE TUTICIS.						
	Complete if the organization answered		. Part IV. line 11a. S	See Form 990. Part >	C line 10.				
	Description of property	(a) Cost or ot			Accumulate	-d	(d) Book	c valu	
	becompain or property	basis (investm	` '		epreciation		(u) B 001	· vaia	•
12	Land	`	-, 22310 (,	,				
	Buildings		 						
	Leasehold improvements					- -			
			1.12	9,336.	503,1	66.	626	5.1	70.
	Equipment Other			6,067.	779,9			$\frac{5,1}{5,1}$	
	Other Add lines 1a through 1a (Column (d) must ex			-	, ,	-	632		77

Schedule D (Form 990) 2018

84-1602733 P	age 3
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Part VII Investments - Other Securities.		0-	- 1002/33 Fage 0
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must aqual Form 000, Part V, col. (P) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV	line 11e See Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1)	(b) Doon raids	(c) meaned or randament occion of	a or your marries raise
(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" of	on Form 990, Part IV	, line 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ENDOWMENT			168,419.
(2) PREPAID PENSION CERTIFICAT	TES OF PART	TICIPATION	4,991,749.
(3) INFERFUND RECEIVABLE			3,386,234.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	8,546,402.
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2 Liability for uncertain tax positions. In Part XIII. provide	the text of the footn	ote to the organization's financial statements	that reports the

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 X

Cabadula D /E	Orm 990) 2018 INC.	ICE AND TECHNOL		733 Page 4
	orm 990) 2018 INC. Reconciliation of Revenue per Audited Financial S	tatements With Rever		733 Page
	Complete if the organization answered "Yes" on Form 990, Part IV,		ido poi motarm	
	venue, gains, and other support per audited financial statements		1	
	s included on line 1 but not on Form 990, Part VIII, line 12:			
	ealized gains (losses) on investments	2a		
	I services and use of facilities			
	ies of prior year grants			
	lescribe in Part XIII.)			
	s 2a through 2d		2e	
	t line 2e from line 1			
	s included on Form 990, Part VIII, line 12, but not on line 1:			
	ent expenses not included on Form 990, Part VIII, line 7b	4a		
	escribe in Part XIII.)			
	s 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
5 Total rev	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Part XII F	Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1 Total ex	penses and losses per audited financial statements		1	
2 Amount	s included on line 1 but not on Form 990, Part IX, line 25:			
a Donated	I services and use of facilities	2a		
b Prior year	ar adjustments	2b		
c Other lo	sses	2c		
d Other (D	escribe in Part XIII.)	2d		
e Add line	s 2a through 2d		2e	
3 Subtrac	t line 2e from line 1		3	
	s included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (D	escribe in Part XIII.)	4b		
	s 4a and 4b			
	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	Supplemental Information.			
	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and b; and Part XII, lines 2d and 4b. Also complete this part to provide		Part V, line 4; Part X, line 2	?; Part XI,
PART V,	LINE 4:			
THE END	OWMENT FUND IS TO BE USED TO SUPP	ORT THE DENVER	SCHOOL OF SC	IENCE
AND TEC	HNOLOGY'S 1:1 LAPTOP PROGRAM. IN	ICOME FROM THE	FUND WILL BE	USED
FOR ANN	UAL COMPUTER AND COMPUTER-RELATED	EQUIPMENT PUR	CHASES TO SUS	TAIN
<u>"1:1" C</u>	OMPUTING PROGRAMS FOR THE SCHOOLS	5.		
PART X,	LINE 2:			
DSST, I	NC., IS EXEMPT FROM FEDERAL INCOM	IE TAX UNDER SE	CTION 501(C)(3) OF
THE INT	ERNAL REVENUE CODE, QUALIFIES FOR	THE CHARITABL	E CONTRIBUTIO	N
DEDUCTI	ON UNDER SECTION 170(B)(1)(A)(VI)	, AND HAS BEEN	CLASSIFIED A	S AN

ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

DSST, INC. IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

84-1602733 Page 5 Schedule D (Form 990) 2018 INC. Part XIII Supplemental Information (continued) FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, DSST, INC. SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. DSST, INC. HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY.

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

INC.				_,			84-1602733
Part I General Information on Grants an	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's prod 	ance?						
Part II Grants and Other Assistance to D					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5						,	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DSST - MONTVIEW MIDDLE SCHOOL 2000 VALENTIA STREET		TDQ 415	04.056				
DENVER, CO 80238		IRC 115	94,076.	0.			GENERAL SUPPORT
DSST - MONTVIEW HIGH SCHOOL 2000 VALENTIA STREET DENVER, CO 80238		IRC 115	124,730.	0.			GENERAL SUPPORT
DSST - GREEN VALLEY RANCH MIDDLE SCHOOL - 4800 TELLURIDE STREET - DENVER, CO 80249		IRC 115	367,420.	0.			GENERAL SUPPORT
DSST - GREEN VALLEY RANCH HIGH SCHOOL - 4800 TELLURIDE STREET - DENVER, CO 80249		IRC 115	341,805.	0.			GENERAL SUPPORT
DSST - COLE MIDDLE SCHOOL 3240 HUMBOLDT STREET DENVER, CO 80205		IRC 115	374,326.	0.			GENERAL SUPPORT
DSST - COLE HIGH SCHOOL 3240 HUMBOLDT STREET DENVER, CO 80205		IRC 115	532,165.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations							→ 15.

Part II Continuation of Grants and Other A	ssistance to C	Overnments and Orga	nizations in the II	nited States (Sch	edule I (Form 990) Da		14-1002/33 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSST - COLLEGE VIEW MIDDLE SCHOOL 8001 S. FEDERAL BLVDS. DENVER, CO 80236		IRC 115	206,837.	0.			GENERAL SUPPORT
DSST - COLLEGE VIEW HIGH SCHOOL 0001 S. FEDERAL BLVDS. DENVER, CO 80236		IRC 115	324,998.	0.			GENERAL SUPPORT
OSST - BYERS MIDDLE SCHOOL 100 S. UNIVERSITY BLVD. DENVER, CO 80206		IRC 115	398,135.	0.			general support
OSST - BYERS HIGH SCHOOL 200 S. UNIVERSITY BLVD. DENVER, CO 80206		IRC 115	900,516.	0.			GENERAL SUPPORT
OSST - CONSERVATORY GREEN MIDDLE SCHOOL - 8499 E. STOLL PLACE - DENVER, CO 80238		IRC 115	365,136.	0.			GENERAL SUPPORT
SST - CONSERVATORY GREEN HIGH CHOOL - 8499 E. STOLL PLACE - ENVER, CO 80238		IRC 115	160,753.	0.			GENERAL SUPPORT
SST - HENRY MIDDLE SCHOOL 005 SOUTH GOLDEN WAY ENVER, CO 80227		IRC 115	479,431.	0.			GENERAL SUPPORT
SST - NOEL MIDDLE SCHOOL 290 KITTREDGE STREET ENVER, CO 80239		IRC 115	544,488.	0.			GENERAL SUPPORT

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
DSST, INC. DEVELOPS A SPENDING PLA	N FOR EA	CH GRANT O	R ASSISTAN	CE PROVIDED	
TO THE SCHOOLS. A CODE IS ASSIGNE	D TO THE	RESTRICTE	D GRANT OR	ASSISTANCE,	
WHICH DSST USES TO MONITOR THE EXP	ENDITURE	OF THE FU	NDS TO THE	SCHOOLS.	
	<u> </u>	·		-	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY, INC.

Employer identification number 84-1602733

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) BILL KURTZ	i)	206,363.	36,295.	0.	10,250.	11,804.	264,712.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT WALKER (i)	139,844.	4,124.	0.	7,290.	16,223.	167,481.	0.
	ii) 🗆	0.	0.	0.	0.	0.	0.	0.
(3) NICOLE FULBRIGHT	(i)	130,354.	4,525.	0.	6,750.	22,365.	163,994.	0.
CHIEF ACADEMIC OFFICER	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
	(i)	135,452.	5,156.	0.	6,939.	16,911.	164,458.	0.
CHIEF ADVOCACY & COMMUNICATIONS OFFI	ii) 🛚	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINE NELSON	(i)	147,275.	4,187.	0.	7,420.	11,881.	170,763.	0.
CHIEF OF STAFF	ii) 🗌	0.	0.	0.	0.	0.	0.	0.
	(i)							
(i	ii)							
	(i)							
(i	ii)							
((i)							
((ii)							
((i)							
((ii)							
((i)							
((ii)							
((i)							
((ii)							
((i)							
	ii)							
[((i)							
((ii)							
((i)							
	ii)							
((i)							
	ii)							
[((i)							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCES OF ITS EMPLOYEES TO
DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF BONUSES WILL BE PAID.
DURING CALENDAR YEAR ENDING DECEMBER 31, 2018, THE ORGANIZATION AWARDED THE
CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF OF STAFF, CHIEF
ACADEMIC OFFICER, CHIEF ADVOCACY & COMMUNICATIONS OFFICER, SCHOOL
DIRECTORS, AND DIRECTOR OF SCHOOLS A BONUS BASED ON REVIEW OF THEIR
PERFORMANCES AND SERVICES TO THE ORGANIZATION.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

DENVER SCHOOL OF SCIENCE AND TECHNOLOGY,

Employer identification number 84-1602733

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE OFFICERS BEFORE FILING.

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

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. DETERMINATIONS OF CONFLICTS AND REVIEWS OF CONFLICTS ARE MADE BY THE ENTIRE BOARD OF DIRECTORS. IF A CONFLICT EXISTS, THE CONFLICTED PERSON(S) ARE NOT ELIGIBLE TO VOTE ON THE MATTER(S) RELATED TO THE CONFLICT.

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

THE DSST BOARD OF DIRECTORS ANNUALLY DECIDES AND APPROVES ANY CHANGES IN PAY FOR THE CEO ALONG WITH ANY YEARLY BONUS FOR THE CEO. THIS BONUS AMOUNT CEILING FOR THE FOLLOWING FISCAL YEAR IS DECIDED AS WELL. FOR OTHER KEY EMPLOYEES, AN ANNUAL REVIEW PROCESS INVOLVING MULTIPLE PEERS AND SUBORDINATES IS CONDUCTED, RESULTING IN AN AGREED UPON ANNUAL RAISE. PER THE DSST BY-LAWS, SECTION 4.5 - "THE CEO WILL, DIRECTLY OR INDIRECTLY, SUPERVISE ALL OTHER STAFF MEMBERS EMPLOYED BY DSST PUBLIC SCHOOLS. HE OR SHE WILL BE ULTIMATELY RESPONSIBLE FOR SELECTING STAFF MEMBERS, CONDUCTING STAFF REVIEWS AND RECOMMENDING COMPENSATION LEVELS."

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.