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

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public

B c	heck if	C Name of organization LAUNCH EXPEDITIONARY LEARNING		D Employer identific	cation number
	Addres	S GUADEED GGUOOT			
	_change _Name _change			45-2	442373
	Initial return	ÿ	nom/suite	E Telephone numbe	
	Final	1580 DEAN STREET	oom/suite)604-6910
	⊐return/ termin- ated			G Gross receipts \$	5,641,868.
	Amend return			H(a) Is this a group re	
	Application	·		for subordinates	
	pendin	1580 DEAN STREET, NEW YORK, NY 11213		H(b) Are all subordinates in	
T	ax-exe	mpt status: X 501(c)(3)	527		list. (see instructions)
		e: ► WWW.LAUNCHSCHOOL.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Year o		1 State of legal domicile: NY
		Summary			<u>.</u>
_	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $S($	CHOOL	IS BUILT O	N TEN
Governance	:	DESIGN PRINCIPLES THAT REFLECT THE EDUCAT:	IONAL	VALUES AND	BELIEFS OF
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
<u>ত</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es 8	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	56
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		404,415.	302,327.
enc		Program service revenue (Part VIII, line 2g)		3,642,810.	5,337,821.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,397.	1,720.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,045,828.	5,641,868.
		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)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		2,366,652.	3,845,093.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 21,392		700 000	1 017 400
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		708,999.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,075,651.	5,062,585.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		970,177.	579,283.
Net Assets or Fund Balances			Red	ginning of Current Year	End of Year
Sse Bala		Total assets (Part X, line 16)		1,971,049.	2,833,994. 443,864.
let /		Total liabilities (Part X, line 26)		1,810,847.	2,390,130.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,010,047.	2,330,130.
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			y Knowledge and Bollet, it is
,	1	with sompless Books and of property (early shall emost) to be seed on an information of time	n proparor	las any knowledge.	
Sign	,	Signature of officer		Date	
Here		▲ GEOFFREY ROEHM, EXECUTIVE DIRECTOR			
	Ĭ	Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		GUS SALIBA GUS SALIBA	1/11/15 if self-employed	P01243493	
	arer	Firm's name FRUCHTER ROSEN & CO., P.C.		Firm's EIN	06-1671819
	Only	Firm's address 156 WEST 56TH STREET STE 1804			
	-	NEW YORK, NY 10019		Phone no.21	2-957-3600
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

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LAUNCH EXPEDITIONARY LEARNING Form 990 (2014) CHARTER SCHOOL Part III | Statement of Program Service Accomplishments CHARTER SCHOOL

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	<u> </u>
	LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL (THE "SCHOOL") IS BUILT	
	ON TEN DESIGN PRINCIPLES THAT REFLECT THE EDUCATIONAL VALUES AND	
	BELIEFS OF NEW YORK CITY OUTWARD BOUND. THESE PRINCIPLES ALSO REFLECT	
	THE DESIGN'S CONNECTION TO OTHER RELATED THINKING ABOUT TEACHING,	
2	Did the organization undertake any significant program services during the year which were not listed on	1
	the prior Form 990 or 990-EZ?	No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	1
3	3 , , , , , , , , , , , , , , , , , , ,	NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,792,406. including grants of \$) (Revenue \$ 5,337,821	[.)
	EXPENSES DIRECTLY ASSOCIATED WITH THE OPERATIONS OF THE CHARTER SCHOOL	<u> </u>
	AND THE RELATED CURRICULUM COSTS. FOR THE 2014-2015 SCHOOL YEAR, WE	
	SERVED APPROXIMATELY 303 STUDENTS IN SIXTH THROUGH EIGHTH GRADES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
ΉIJ	(Code) (Expenses \$) (nevenue \$)	— '
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 4,792,406.	
	Form 990 (2	2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	44.1		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		21
f	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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1 111	-21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
		_	agn /	004 4

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CHARTER SCHOOL

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			٠,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α.
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1 37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

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LAUNCH EXPEDITIONARY LEARNING

	990 (2014) CHARTER SCHOOL	45-2442	3/3	P	age 5				
Par									
	Check if Schedule O contains a response or note to any line in this Part V				Ш				
				Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			7.7					
	(gambling) winnings to prize winners?	I	1c	X					
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 56	2b	Х					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
		•	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		١,		x				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Δ.				
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
			5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the pay contributions that were not tay deductible as charitable contributions?		60		X				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		22				
b			6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD						
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
Ŭ	to file Form 8282?	· ·	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	<u> </u>	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?	•	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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	1 1							
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							

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14a

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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.

					Λ				
Sec	tion A. Governing Body and Management								
			,	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4						
	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 7	'						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other							
	officer, director, trustee, or key employee?		2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the								
Ü	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х				
			4		X				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint 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, s	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	ar by the following:							
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched 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 R		•						
		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c		100						
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
44.				Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filling the form?	11a	21					
b -10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	Х					
12a			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Λ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			37					
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official		15a	Х					
b	Other officers or key employees of the organization		15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment 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 evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.	,							
		in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		d finan	cial					
	statements available to the public during the tax year.		iui i						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records.							
	GEOFFREY ROEHM - 718-221-1064								
	1580 DEAN STREET, BROOKLYN, NY 11213								
	,,,,,,								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JONATHAN HARBER	2.00	77		77				0	0	0
CHAIRMAN (2) GRACE LEE	2.00	Х		Х	_			0.	0.	0
TREASURER	2.00	x		х				0.	0.	0
(3) NICOLE LEMEROND	2.00			22				0.	0.	0
TRUSTEE	2.00	Х						0.	0.	0
(4) DAN GINSBURG	2.00									
TRUSTEE		х						0.	0.	0
(5) JONATHAN LATIMER	2.00									
TRUSTEE		Х						0.	0.	0
(6) NIC LIRETTE	2.00									
TRUSTEE		Х						0.	0.	0
(7) ANTHONY CONELLI	2.00							_	_	_
TRUSTEE		Х						0.	0.	0
(8) GEOFFREY ROEHM	65.00							400 400	•	10 050
EXECUTIVE DIRECTOR	65.00			Х				103,182.	0.	12,852
(9) EVAN KILGORE	65.00			77				105 202	0	F 2 F
PRINCIPAL	65.00			Х				105,302.	0.	525
(10) LAMAR KAUFFMAN	65.00			х				84,290.	0.	5 014
DIRECTOR OF OPERATIONS (11) RACHEL ROCKER	50.00			Λ				04,290.	0.	5,014
DIRECTOR OF FINANCE	30.00			х				92,723.	0.	12,852
DIRECTOR OF TIMESON								3277231	3.	12,032
										Earm 990 (201

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do box offi	Position (do not check more than one box, unless person is both a officer and a director/trustee				one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estima amoul oth	ated nt of er
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from from organiz and re organiz	the ation lated
	Sub-total							ightharpoons	385,497.) •	31,	243
	Total from continuation sheets to Part VI								0.) •	2.1	0.
	Total (add lines 1b and 1c)							<u> </u>	385,497.		•	ЗΙ,	243.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportable			5
	compensation from the organization											Ye	s No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								highest compensated e			3	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4	Х
5	Did any person listed on line 1a receive or a	•				•		elat	ed organization or indiv	idual for services			77
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5	<u> </u>
1	Complete this table for your five highest co										ensa	tion from	1
	(A)	trie caleridar y	cai	criai	ng v	VILII	OI W		(B)	year.		(C)	
	Name and business	address	N	INC	3				Description of s	services	Со	mpensa	ion
								\dashv					
								\dashv					
								\dashv					
2	Total number of independent contractors (i	•	ot li	mite	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation >					0				-	orm 99 () (2014

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		Check if Schedule O conta	ains a resnonse	or note to any li	ne in this Part VIII			
		Check if Schedule O conta	ппэ а гезропзе	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns	1a					
Gra	k	b Membership dues	1b					
ts, ((c Fundraising events	1c					
Gif	C	d Related organizations						
S, imi	•	e Government grants (contribution	ons) 1e	275,789.				
er S	f	f All other contributions, gifts, grants						
혍		similar amounts not included abov	e 1f	26,538.				
on the	ç	g Noncash contributions included in lines	1a-1f: \$	6,266.				
<u>a</u> Č	ŀ	h Total. Add lines 1a-1f			302,327.			
				Business Code		E 22E 221		
ice	2 8	a GOV'T PER-PUPUL	REV.	900099	5,337,821.	5,337,821.		
er re	k	b						
n S	(c						
grar Rev	(d						
Program Service Revenue		e						
۳ ا		f All other program service rever			F 227 021			
_		g Total. Add lines 2a-2f			5,337,821.			
	3	Investment income (including of			1,720.			1,720.
	4	other similar amounts)			1,720.			1,720
	4 5	Royalties						
	3	noyaities	(i) Real	(ii) Personal				
	6 -	a Gross rents	(i) Heal	(ii) i ersoriai				
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	<u> </u>	•				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	()	(.,				
	k	b Less: cost or other basis						
		and sales expenses						
	(c Gain or (loss)						
		d Net gain or (loss)		>				
o o	8 8	a Gross income from fundraising	events (not					
eun		including \$	of					
3eV		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18						
₽		b Less: direct expenses						
		c Net income or (loss) from fund	•	······ <u> </u>				
	9 a	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gami	•	······				
	10 8	a Gross sales of inventory, less r						
		and allowances						
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a		-	_ =====================================				
		b						1
		~ c	-					
	c	d All other revenue						
		e Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		>	5,641,868.	5,337,821.	0.	1,720.
43200 11-07	9 14							Form 990 (2014)

LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 288,786. 130,153. 5,901. 424,840. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,824,273. 2,774,312. 41,841. 8,120. Other salaries and wages 7 Pension plan accruals and contributions (include 10,945 572 11,563 46. section 401(k) and 403(b) employer contributions) 339,621. 3,091. 343,651. 939. Other employee benefits 9 11,886. 240,766. 227,863. 1,017. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 20,250. 20,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 367,280. 343,902. 22,850. 528. column (A) amount, list line 11g expenses on Sch O.) 83,601. 2,377. 2,063. 88,041. Advertising and promotion 12 3,221. 85,667. 80,894. 1,552. Office expenses 13 55,078. 53,040. 1,866. 172. 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 174,839. 168,371. 5,922. 546. Depreciation, depletion, and amortization 22 32,718. 31,632. 996. 90. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 244,423. CLASSROOM SUPPLIES AND 245,377. 873. 81. 137,955. STUDENT SERVICES 137,955. 7,332. LOSS ON DISPOSAL OF ASS 7,061. 248. 23. 2,955. d REPAIRS AND MAINTENANCE 2,955 e All other expenses 5,062,585. 4,792,406. 248,787. 21,392. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2014)

LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Form 990 (2014)

Part X | Balance Sheet

Part	. X	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			145,795.	1	893,945.
	2	Savings and temporary cash investments			1,200,735.	2	1,202,380.
	3	Pledges and grants receivable, net			47,060.	3	39,521
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		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	tion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
ĕ	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		84,334.	9	75,478	
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	862,705.			
	b	Less: accumulated depreciation		315,213.	418,022.	10c	547,492
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
-	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
-	15	Other assets. See Part IV, line 11		75,103.	15	75,178	
	16	Total assets. Add lines 1 through 15 (must equ	1,971,049.	16	2,833,994		
	17	Accounts payable and accrued expenses	160,202.	17	339,914		
	18	Grants payable		18			
	19	Deferred revenue			0.	19	103,950
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
s s	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
iab		Complete Part II of Schedule L				22	
- :	23	Secured mortgages and notes payable to unrela				23	
:	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)). Complete Part X of			
		Schedule D			160 000	25	442.064
:	26	Total liabilities. Add lines 17 through 25			160,202.	26	443,864
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			1 007 717		2 200 120
au l	27	Unrestricted net assets			1,807,717. 3,130.	27	2,390,130
m	28	Temporarily restricted net assets			3,130.	28	0.
[]	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ ☐			
ō		and complete lines 30 through 34.					
set :	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
y	32	Retained earnings, endowment, accumulated in			1 010 017	32	2 200 120
_ '	33	Total net assets or fund balances			1,810,847.	33	2,390,130.
;	34	Total liabilities and net assets/fund balances			1,971,049.	34	2,833,994.

Form **990** (2014)

Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,64	1,8	68.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,06					
3	Revenue less expenses. Subtract line 2 from line 1	3	57 1,81	-	83.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,39	0,1	30.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		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	<u></u>	3b					
			Form	990	(2014)			

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Employer identification number 45-2442373

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2	X	A school described in sect i											
3	一	A hospital or a cooperative		•	ection 170	γьγ1γΔγii	i)						
4	一	A medical research organiz						the hospital's name					
7		city, and state:	ation operated in 60	njanotion with a noopita	1 400011500	3 111 000010	ii ii o(b)(i)(i-)(iii). Liitoi	the hoopital o hame,					
_			or the benefit of a co	llogo or university owne	d or operat	tod by a g	avaramantal unit dagarik	and in					
5		An organization operated for		niege of university owner	u or opera	ted by a go	overnmental unit descrit	Jeu III					
_		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)											
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	Ш	· ·	•	intial part of its support	rom a gov	ernmental	unit or from the general	public described in					
_		section 170(b)(1)(A)(vi). (C											
8	Н	A community trust describe											
9		An organization that norma	•	•	-								
		activities related to its exen	•	•				•					
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	•										
10	Н	An organization organized a	•	•	-								
11		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·						
		more publicly supported or	~					Check the box in					
		lines 11a through 11d that	• •			•							
а			•	•	•								
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must o	•										
b			•					•					
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.						
d			integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	-		•			iveness					
		requirement (see instruct	·	· ·									
е		□ Check this box if the organic					Type I, Type II, Type III						
		functionally integrated, or											
f		er the number of supported of											
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	,	organization	(11) 2.114	(described on lines 1-9	listed i	n your	support (see	other support (see					
		ŭ		above or IRC section	governing of Yes		Instructions)	Instructions)					
				(see instructions))	res	No							
Γota	ı												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checker fails to qualify under the tests			_	on failed to qualify	under Part III. If th	e organization
800	ction A. Public Support	, lioted below, piec	ioo oompioto i uit				
	•••	() 0040	430044	() 0040	(1) 0040	1 () 004 ((O.T.)
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")				+		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2							
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage				P
14	Public support percentage for 2014 (I	line 6 column (f) d	ivided by line 11	column (fl)		14	%
15	Public support percentage from 2013					15	
	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	>

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support	now, please com	piete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0.) = 0 + 0	(5) = 5 + 1	(0, 20.2	(4, 25.5	(0, 2011	(1)
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-						
in an annual annual time 540						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						1
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization	s first, second, thi	rd. fourth. or fifth t	ax vear as a sect	on 501(c)(3) organi	zation.
check this box and stop here	· ·			•		▶ □
Section C. Computation of Publi						······································
15 Public support percentage for 2014 (lin			column (f))		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Inves					1	,,
17 Investment income percentage for 20°					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2014. If the						
more than 33 1/3%, check this box an	-					
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, chec	•			•	·	
20 Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

LAUNCH EXPEDITIONARY LEARNING

Section A. All Supporting Organizations

Part IV | 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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
4		
1		
2		
За		
Ja		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		<u> </u>

Par	t 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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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		
	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		
Seci	tion C. Type II Supporting Organizations		V	NI-
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. Type III Supporting Organizations		V	NI-
	Did the constitution would be such as the constitution of the state of		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
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.		١	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute Task	uctions		NI-
	Activities Test. Answer (a) and (b) below.		Yes	No
	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,			
	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			
	, , , , , , , , , , , , , , , , , , , ,	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	Oh		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

432025 09-17-14

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970. See instru	ıctions. All
	other Type III non-functionally integrated supporting organizations must cor	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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-functionally	y-integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	Type III Non-Functionally Integrated 50	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 exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	ns	
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 responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Excess distributions sarry ever, if any, to 2011.			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

LAUNCH EXPEDITIONARY LEARNING

Schedule A	(Form 990 or 990-EZ) 2014 CHARTER SCHOOL	45-2442373 Page 8
Part VI	(Form 990 or 990-EZ) 2014 CHARTER SCHOOL Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b: and Part III line 12
	Also complete this part for any additional information. (See instructions).	1 51 17 5, and 1 are iii, iii 6 12.
	Also complete this part for any additional information. (See instructions).	
-		
•		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Employer identification number 45-2442373

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed 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 of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		<u> </u>
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 conservati		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	-
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining C		rt. Hist	orical Tr	easures.	or Othe	r Simila		ts /continue	
3	Using the organization's acquisition, accessi		_		-				•	
•	(check all that apply):	on, and ourse rooms	,		.ccg		9			
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	e		Other	age p.eg					
c	Preservation for future generations	J								
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	on's exer	nnt nurnos	se in Par	t XIII	
5	During the year, did the organization solicit of							30 IIII a.	. ,	
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai			o.gaa					5, 5.	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contribution	ns or other as	sets not	included			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete i									
	·	(a) Current year		rior year	(c) Two yea		d) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance	,			, ,		. ,		, ,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:	<u> </u>				
	Board designated or quasi-endowment		%	g, 00.0	a,, a					
	Permanent endowment	%								
	Temporarily restricted endowment									
_	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation tha	t are held a	and administe	ered for th	ne organiza	ation		
-	by:								Y	es No
	(i) unrelated organizations								3a(i)	1111
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulated	, 	(d) Book v	alue
	, , ,	basis (investr			(other)		reciation		` ,	
	Land	<u> </u>	•		•					
	Buildings									
	Leasehold improvements			34	3,100.		97,90	7.	245	,193.
	Equipment				2,036.	1	84,24			,795 .
	Other				7,569.		33,06			,504.
	. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B), line 1	10c.)				547	,492.

Schedule D (Form 990) 2014

	SDITIONARY LEA	ARNING	1	5-2442373	D
Schedule D (Form 990) 2014 CHARTER SCE Part VII Investments - Other Securities.	10011			3-2442373	Page
	to Forms 000 Doubliv line	11h Caa Farra 000	David V. lima 10		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			end-of-year market	valuo
40. - 0	(b) book value	(c) Method of v	aluation. Cost of e	end-or-year marker	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes'					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or e	end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes'	" to Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lir.	ne 15)				
Part X Other Liabilities.	10 10./				
Complete if the organization answered "Yes"	" to Form 990 Part IV line	11e or 11f See Form	n 990 Part X line	25	
(a) Description of liability		(b) Book value	1 550, Fait A, iiile A		
······································		(2) 2001. 74140			
(2)			1		
(3)					
			1		
(a)	I				

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 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

Schedule D (Form 990) 2014

(6) (7) (8)

Sche	dule D (Form 990) 2014 CHARTER SCHOOL				24423/3 Page 2
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Witl	n Revenue per R	eturn).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				F 720 COF
1	Total revenue, gains, and other support per audited financial statements			1	5,738,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
a	• • • • • • • • • • • • • • • • • • • •	2a	96,817.		
b	Donated services and use of facilities		90,017.		
C	Recoveries of prior year grants Other (Describe in Port XIII.)				
d	Other (Describe in Part XIII.)			20	96,817
е 3	Add lines 2a through 2d			2e 3	5,641,868
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,011,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-			
				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	5,641,868
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	h Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,159,402
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · ·
а	Donated services and use of facilities	2a	96,817.		
b	Prior year adjustments	-	•		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	96,817
3	Subtract line 2e from line 1			3	5,062,585
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 .
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,062,585
Pai	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			1; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.		
ד ג כד	om v itne 9.				
PAF	RT X, LINE 2:				
mut	E SCHOOL'S ACCOUNTING POLICY PROVIDES THAT	א היא	Y EVDENCE O	ום ס	ENTERTH ROOM
1111	S SCHOOL S ACCOUNTING FOLICT PROVIDES THAT	A IA	A EAPENSE O	к ы	ENEFII FROM
ΔN	UNCERTAIN TAX POSITION MAY BE RECOGNIZED W	ины .	TT TS MORE	ואד.ד	ετ.ν πμανι
. 114	ONCOMINE THE TOPITION MIT DE MECOGNIZED W		II ID HORD		<u> </u>
NOT	T THAT THE POSITION WILL BE SUSTAINED UPON	EXAM	INATION. IN	CLUI	DING
RES	SOLUTIONS OF ANY RELATED APPEALS OR LITIGAT	ION I	PROCESSES.	BASI	ED ON THE
			,		
TEC	CHNICAL MERITS. THE SCHOOL HAS NO UNCERTAIN	TAX	POSITION R	ESU	LTING IN AN
AC(CRUAL OF TAX EXPENSE OR BENEFIT.				

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Employer identification number 45-2442373

Schedule E (Form 990 or 990-EZ) (2014)

aı	rt I		IVEO.	
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II THE SCHOOL DISSEMINATES ITS POLICY ON OUTREACH MATERIALS,	3	X	
	APPLICATIONS, AND ITS WEBSITE.			
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	† <u>- </u>	2
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
Ŭ	admissions, programs, and scholarships?	4c	х	
Ч	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	144		
	4A) THE SCHOOL MAINTAINS RACIAL COMPOSITION OF STUDENT BODY			
	NOT OF FACULTY AND ADMINISTRATIVE STAFF.			
	4B) THE SCHOOL IS A FREE PUBLIC SCHOOL AND DOES NOT AWARD			
	SCHOLARSHIPS OR FINANCIAL ASSISTANCE.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		2
b	Admissions policies?	5b		2
	Employment of faculty or administrative staff?	5с		Σ
	Scholarships or other financial assistance?	5d		2
	Educational policies?	5e		2
	Use of facilities?	5f		2
	Athletic programs?	5g		Σ
	Other extracurricular activities?	5h		Σ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the examination receive any financial aid or assistance from a sever-mental example.	6-	Х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	 ^	2
a	Has the organization's right to such aid ever been revoked or suspended?	6b		Ľ
,	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL RECEIVES PER-PUPIL FUNDING FROM THE NYC BOARD OF EDUCATION
UNDER THEIR CHARTER AGREEMENT. THE SCHOOL ALSO RECEIVES VARIOUS FEDERAL,
STATE, AND CITY FUNDS INCLUDING FEDERAL ENTITLEMENTS TO ASSIST WITH
COVERING THE COST OF CERTAIN PROGRAMS.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 LAUNCH EXPEDITIONARY LEARNING CHARTER SCHOOL

Employer identification number 45-2442373

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEW YORK CITY OUTWARD BOUND AND EXPEDITIONARY LEARNING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARNING, AND THE CULTURE OF SCHOOLS. THE DESIGN PRINCIPLES ARE:

PRIMACY OF SELF-DISCOVERY; HAVING WONDERFUL IDEAS; RESPONSIBILITY FOR

LEARNING; EMPATHY AND CARING; SUCCESS AND FAILURE; COLLABORATION AND

COMPETITION; DIVERSITY AND INCLUSION; NATURAL WORLD; SOLITUDE AND

REFLECTION; AND SERVICE AND COMPASSION.

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

FORM 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL. IF CHANGES ARE REQUIRED THE SCHOOL WILL THEN FORWARD TO THE AUDITING FIRM AND A FINAL VERSION WILL BE DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO IRS SUBMISSION.

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

THE SCHOOL SHARES ITS CONFLICT OF INTEREST POLICY WITH BOARD MEMBERS AND OFFICERS AS PART OF THEIR REGULAR MEETINGS. OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE EXPECTED TO DECLARE IF AT ANY POINT A CONFLICT OF INTEREST ARISES.

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

COMPARABLE DATA IS USED BY THE BOARD WHEN DETERMINING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

	CHARTER SCHOOL	45-2442373
FORM 990, PART	VI, SECTION C, LINE 19:	
UPON REQUEST,	THE SCHOOL MAKES AVAILABLE TO THE PUBLIC ITS	GOVERNING
DOCUMENTS, CON	FLICT OF INTEREST POLICY, AND FINANCIAL STAT	TEMENTS.
FORM 990, PART	XII, FINANCIAL STATEMENTS AND REPORTING, LI	INE 2C:
THE SCHOOL HAS	A FINANCE COMMITTEE THAT IS RESPONSIBLE FOR	R OVERSIGHT OF
THE AUDIT AND S	SELECTION OF THE INDEPENDENT AUDITOR.	
		_
		_

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

LAUNCH	EXPEDITIONARY	LEARNING	
CHARTER	SCHOOL		

FORM 990 PAGE 10

990

45-2442373

_	TAKTER SCHOOL					AGE IU	1//	43-2442373
_	art Election To Expense Certain Prop	erty under Section 1	19 Note: If you have ar	ny listed pr	operty, c	complete Part		
	Maximum amount (see instructions)							500,000.
	Total cost of section 179 property pla		2 000 000					
	Threshold cost of section 179 proper		2,000,000.					
4	Reduction in limitation. Subtract line 3							
_5	Dollar limitation for tax year. Subtract line 4 from li							
6	(a) Description of	property	(b) Cost	(business use	only)	(c) Elected	d cost	
7	Listed property. Enter the amount fro	m line 29			7			
	Total elected cost of section 179 prop							
9	Tentative deduction. Enter the smalle	er of line 5 or line 8					9	
10	Carryover of disallowed deduction from	om line 13 of your 2	013 Form 4562				10	
11	Business income limitation. Enter the	smaller of business	s income (not less that	n zero) or l	ine 5		11	
12	Section 179 expense deduction. Add	lines 9 and 10, but	do not enter more th	an line 11			12	
13	Carryover of disallowed deduction to	2015. Add lines 9 a	and 10, less line 12	>	13			
No	te: Do not use Part II or Part III below t	for listed property. I	nstead, use Part V.					
P	art II Special Depreciation Allow	ance and Other D	epreciation (Do not i	nclude list	ed prope	erty.)		
14	Special depreciation allowance for qu	alified property (oth	ner than listed propert	y) placed i	n service	e during		
	the tax year						14	
15	Property subject to section 168(f)(1)	election					15	
	Other depreciation (including ACRS)						16	174,839.
P	art III MACRS Depreciation (Do r							
			Section A					
17	MACRS deductions for assets placed	d in service in tax ye	ears beginning before	2014			17	
	If you are electing to group any assets placed in so							
	Section B - Asset	ts Placed in Servic	e During 2014 Tax Y	ear Using	the Gen	eral Deprecia	ation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions	se (a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
198	a 3-year property							
-k	5-year property							
_	7-year property							
_								
_								
f								
	25			2	5 yrs.		S/L	
_	, , , , ,	/			7.5 yrs.	ММ	S/L	
ı	n Residential rental property	/			7.5 yrs.	MM	S/L	
		,			9 yrs.	MM	S/L	
i	Nonresidential real property	/		<u> </u>	o y.o.	MM	S/L	
	Section C - Assets	Placed in Service	During 2014 Tax Yea	ar Using t	ne Alterr			/stem
20						1	S/L	
_	o 12-year			1	2 yrs.		S/L	
	c 40-year	/			0 yrs.	ММ	S/L	
	art IV Summary (See instructions.) '			- j.s.	1 .41141		ı
	Listed property. Enter amount from lin						21	
	Total. Add amounts from line 12, line		es 10 and 20 in colum		 line 21			
~~	Enter here and on the appropriate line	-				r	22	174,839.
22	For assets shown above and placed i				300 1131		22	1,1,000
23	portion of the basis attributable to se				23			
	254		concrete instruction		20			Form 4562 (2014)

Form 4562 (2014)

45-2442373 Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Type of property (list whichies first) page of property in the basis of the property of the basis of the basi		Section A -	Depreciation	on and Other	Informat	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for pa	asseng	er autor	nobiles.)		
Type of froperty (list whiches first) page of the pass of the presentation allowance for qualified business use: 25 Special depreciation allowance for qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1 30 Total business/invstment miles of three during the year (iii) and the page 1 30 Total business/invstment miles of three during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iii) and the personal foncommuting miles driven during the year (iiii) and the personal foncommuting miles driven during	24a Do	you have evidence to s	upport the bu	ısiness/investme	ent use cla	imed?	Y	es 🗆	No	24b If "Y	es," is the	e evide	nce writ	ten?	Yes	No
Used more than 50% in a qualified business use:	Ty (lis	Type of property Date Business/ (list vehicles first) placed in investment			l oth	Cost or		is for depressiness/inve	stment	Recovery	Method/		Depre	eciation	Elec sectio	n 179
26 Property used more than 50% in a qualified business use:	•	•		•		•			•	•						
1	use	d more than 50% in	a qualified b	ousiness use								25				
27 Property used 50% or less in a qualified business use:	26 Pro	perty used more tha	n 50% in a c	ualified busin	ess use:											
27 Property used 50% or less in a qualified business use:			1 1	ç	%										<u> </u>	
27 Property used 50% or less in a qualified business use:			1 1	ç	%										<u> </u>	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	Ç	%										<u> </u>	
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (and include commuting) miles driven. 31 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-durty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees? 37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization Amortization Amortization Amortization Amortization	27 Pro	perty used 50% or le	ess in a quali	ified business	use:											
28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehic			1 1	 							<u> </u>					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehi			1 1	ç	%						S/L -					
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Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. A	29 Add	d amounts in column	(i), line 26. E	Enter here and	on line 7	, page 1	<u></u>							. 29	<u> </u>	
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31 Total commuting miles driven during the year				ŭ	Veh	icle	Veh	nicle	V	'ehicle	Vehic	cle	Vel	nicle	Veh	icle
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