# 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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2020 and ending JUN 30,

Open to Public Inspection

| Α                              | For the                  | e 2020 calendar year, or tax year beginning $$ JUL $1$ , $$ $2020$ $$ and ending  | <u>J</u> UN 30,        | 2021                           |                             |  |  |  |  |
|--------------------------------|--------------------------|---|------------------------|--------------------------------|-----------------------------|--|--|--|--|
| В                              | Check if applicable      | C Name of organization  | D Employe              | er identific                   | cation number               |  |  |  |  |
|                                | Addres                   | Colorado International Language Academy   |                        |                                |                             |  |  |  |  |
|                                | Name<br>change           |   | 46-                    | 22545                          | 68                          |  |  |  |  |
|                                | Initial<br>return        | Number and street (or P.O. box if mail is not delivered to street address) Room/s   | uite <b>E</b> Telephoi | ne number                      |                             |  |  |  |  |
|                                | Final<br>return/         |   | 719                    | -645-8                         | 8063                        |  |  |  |  |
|                                | termin<br>ated           | City or town, state or province, country, and ZIP or foreign postal code  | <b>G</b> Gross recei   | G Gross receipts \$ 3,050,990. |                             |  |  |  |  |
|                                | Ameno                    | COTOTAGO SPITINGS, CO 00510   | H(a) Is this           | a group re                     |                             |  |  |  |  |
|                                | Applic<br>tion<br>pendir |   |                        | ordinates                      |                             |  |  |  |  |
|                                |                          | 303 Austin Bluffs Parkway, Colorado Spring  | S, H(b) Are all su     | ubordinates in                 | cluded? Yes No              |  |  |  |  |
|                                |                          | ······································  |                        |                                | list. See instructions      |  |  |  |  |
|                                |                          | e: ► www.cilaschool.org   |                        |                                | n number                    |  |  |  |  |
|                                |                          |   | ear of formation:      | 2013 M                         | State of legal domicile: CO |  |  |  |  |
| P                              |                          | Summary   | dula 0                 |                                |                             |  |  |  |  |
| S                              | 1                        | Briefly describe the organization's mission or most significant activities: See Sche  | dure 0                 |                                |                             |  |  |  |  |
| nan                            |                          |   | nava than OFO( a       | f :44                          |                             |  |  |  |  |
| Ver                            |                          | Check this box  if the organization discontinued its operations or disposed of r  Number of voting members of the governing body (Part VI, line 1a) |                        |                                | seis.<br>3                  |  |  |  |  |
| ၓၟ                             |                          | Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)    |                        |                                | <del>3</del>                |  |  |  |  |
| ري<br>م                        |                          | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  |                        | ·····                          | 74                          |  |  |  |  |
| iţie                           |                          | Total number of volunteers (estimate if necessary)  |                        |                                | 0                           |  |  |  |  |
| Activities & Governance        | 7 a                      | Total unrelated business revenue from Part VIII, column (C), line 12  |                        | 7a                             | 0.                          |  |  |  |  |
| ⋖                              |                          | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                        |                                | 0.                          |  |  |  |  |
|                                |                          |   | Prior Ye               |                                | Current Year                |  |  |  |  |
| Revenue                        | 8                        | Contributions and grants (Part VIII, line 1h)   | 487                    | ,507.                          | 979,043.                    |  |  |  |  |
|                                |                          | Program service revenue (Part VIII, line 2g)  | 3,085                  | ,119.                          | 2,057,236.                  |  |  |  |  |
| ě                              | 10                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | _                      | 0.                             | 1,131.                      |  |  |  |  |
| ш                              | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 2                      | ,599.                          | 13,580.                     |  |  |  |  |
|                                |                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3,575                  |                                | 3,050,990.                  |  |  |  |  |
|                                |                          | 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)   | 1 057                  | 0.                             | 0.                          |  |  |  |  |
| ses                            |                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,957                  |                                | 691,009.                    |  |  |  |  |
| Expenses                       |                          | Professional fundraising fees (Part IX, column (A), line 11e)   |                        | 0.                             | 0.                          |  |  |  |  |
| Ä                              |                          | Total fundraising expenses (Part IX, column (D), line 25)   | 007                    | ,684.                          | 860,465.                    |  |  |  |  |
|                                |                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,944                  | 756                            | 1,551,474.                  |  |  |  |  |
|                                |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12                     |                        | ,469.                          | 1,499,516.                  |  |  |  |  |
| or<br>es                       | 19                       | neveriue less experises. Subtract line 10 from line 12  | Beginning of Cur       |                                | End of Year                 |  |  |  |  |
| Net Assets or<br>Find Balances | 20                       | Total assets (Part X, line 16)  | 2,781                  | ,361.                          | 2,905,955.                  |  |  |  |  |
| Ass                            | 21                       | Total liabilities (Part X, line 26)   | 8,571                  |                                | 7,196,133.                  |  |  |  |  |
| Net                            | 22                       | Net assets or fund balances. Subtract line 21 from line 20  | -5,789                 |                                | -4,290,178.                 |  |  |  |  |
| P                              | art II                   | Signature Block   |                        |                                |                             |  |  |  |  |
| Unc                            | ler pena                 | lties of perjury, I declare that I have examined this return, including accompanying schedules and sta  | tements, and to the    | e best of my                   | knowledge and belief, it is |  |  |  |  |
| true                           | , correc                 | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep   | arer has any know      | ledge.                         |                             |  |  |  |  |
|                                |                          | District of allians   | Det                    |                                |                             |  |  |  |  |
| Sig                            | n                        | Signature of officer  | Date                   | 9                              |                             |  |  |  |  |
| He                             | re                       | Bentley Rayburn, President Type or print name and title   |                        |                                |                             |  |  |  |  |
|                                |                          |   | Date                   |                                | PTIN                        |  |  |  |  |
| Da!                            | d                        | Print/Type preparer's name  Thomas G. Sistare  Preparer's signature   | Date                   | Checkif                        |                             |  |  |  |  |
| Pai<br>Pro                     |                          |   |                        | self-employe                   | 30-0514455                  |  |  |  |  |
|                                | parer<br>Only            | Firm's name Hoelting & Company, Inc. Firm's address 31 E Platte Ave, Ste 300  | Firm                   | n's EIN 🛌                      | 00_00T##00                  |  |  |  |  |
| 530                            | Jilly                    | Colorado Springs, CO 80903  | Dho                    | ne no <b>71</b> (              | 9-630-1091                  |  |  |  |  |
| Ma                             | v the IF                 | RS discuss this return with the preparer shown above? See instructions  |                        | 110. / <u></u>                 | Yes X No                    |  |  |  |  |

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Form **990** (2020)

Form 990 (2020)

|           |   |           | 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         | X   |            |
| 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         |     | х          |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4         |     | х          |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |           |     |            |
|           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5         |     | Х          |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6         |     | Х          |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7         |     | Х          |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III   | 8         |     | Х          |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV | 9         |     | х          |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10        |     | Х          |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |           |     |            |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a       | х   |            |
| b         | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       |     | х          |
| С         | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |           |     |            |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c       |     | Х          |
| d         | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d       | Х   |            |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       | Х   |            |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |           |     | .,         |
| 40-       | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f       |     | X          |
|           | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a       | Х   |            |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 401       |     | x          |
| 10        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b       | Х   |            |
| 13<br>14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  | 13<br>14a | 77  | Х          |
|           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | i-ta      |     | _ <u>-</u> |
|           | 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        |     | х          |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |           |     |            |
| 10        | 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          |
| 20a       | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a       |     | Х          |
|           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       |     |            |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |           |     |            |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21        |     | Х          |

|      | 1990 (2020) Colorado International Language Academy 46-2254  | <u> 568</u> | Р   | age 4       |
|------|--|-------------|-----|-------------|
| Pa   | rt IV Checklist of Required Schedules (continued)  |             |     |             |
| 20   | Did the examination report more than \$5,000 of grants or other assistance to be for demostic individuals on   |             | Yes | No          |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22          |     | x           |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |             |     |             |
| 23   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |             |     |             |
|      |  | 23          |     | X           |
| 24 a | Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 25          |     |             |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |             |     |             |
|      | Schedule K. If "No," go to line 25a  | 24a         |     | Х           |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         |     |             |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |             |     |             |
|      | any tax-exempt bonds?  | 24c         |     |             |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d         |     |             |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |             |     |             |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |     | Х           |
| 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 or 22, for receivables from or payables to any current  |             |     |             |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |             |     |             |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26          |     | X           |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |             |     |             |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |             |     | l           |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27          |     | Х           |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |             |     |             |
|      | instructions, for applicable filing thresholds, conditions, and exceptions):   |             |     |             |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |             |     | ٠,,         |
|      | "Yes," complete Schedule L, Part IV  | 28a         |     | X           |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b         |     | Х           |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//   |             |     | <b>₩</b>    |
|      | "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          |     | _^          |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |             |     | x           |
| 04   | contributions? If "Yes," complete Schedule M   | 30          |     | X           |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31          |     |             |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32          |     | x           |
| 33   | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32          |     |             |
| 33   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33          |     | x           |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 00          |     | <del></del> |
| 0.7  | Part V, line 1   | 34          |     | X           |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a         |     | X           |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 000         |     |             |
| -    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b         |     |             |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |             |     |             |
|      | If "Yes," complete Schedule R, Part V, line 2  | 36          |     | Х           |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |             |     |             |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37          |     | Х           |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |             |     |             |
|      | Note: All Form 990 filers are required to complete Schedule O  | 38          | Х   |             |
| Pa   | rt V Statements Regarding Other IRS Filings and Tax Compliance   |             |     |             |
|      | Check if Schedule O contains a response or note to any line in this Part V   |             |     |             |
|      |  |             | Yes | No          |
|      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  |             |     |             |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 4           |     |             |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |             |     |             |

(gambling) winnings to prize winners?

# O20) Colorado International Language Academy Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|   |   |                  |            | Yes | No       |  |  |  |
|---|---|------------------|------------|-----|----------|--|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                  |            |     |          |  |  |  |
|   | filed for the calendar year ending with or within the year covered by this return   | 2a 74            |            |     |          |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | s?               | <b>2</b> b | X   |          |  |  |  |
|   | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |                  |            |     |          |  |  |  |
| 3а  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                  | 3a         |     | X        |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C   | )                | 3b         |     |          |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other at  | ıthority over, a |            |     |          |  |  |  |
|   | financial account in a foreign country (such as a bank account, securities account, or other financial account  | count)?          | 4a         |     | X        |  |  |  |
| 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 Acceptable (1997).   | , ,              |            |     |          |  |  |  |
|   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$   |                  | 5a         |     | X        |  |  |  |
|   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   |                  | 5b         |     | X        |  |  |  |
|   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |                  | 5c         |     |          |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |                  |            |     | 77       |  |  |  |
|   | any contributions that were not tax deductible as charitable contributions?   |                  | 6a         |     | <u> </u> |  |  |  |
| b   | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                  |            |     |          |  |  |  |
|   | were not tax deductible?  |                  | 6b         |     |          |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |                  | 7a         |     | Х        |  |  |  |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   |                  |            |     |          |  |  |  |
|   |   |                  | 7b         |     |          |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | •                | _          |     | х        |  |  |  |
|   | to file Form 8282?  | 1                | 7с         |     |          |  |  |  |
|   |   | 7d               | 7.         |     |          |  |  |  |
| _   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co  |                  | 7e<br>7f   |     |          |  |  |  |
| f   |   |                  |            |     |          |  |  |  |
| g   | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'  |                  |            |     |          |  |  |  |
| 8   |   |                  |            |     |          |  |  |  |
| Ŭ   | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? |                  |            |     |          |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.   |                  | 8          |     |          |  |  |  |
| а   | P. I.   |                  | 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              |            |     |          |  |  |  |
|   |   | 10b              |            |     |          |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:  |                  |            |     |          |  |  |  |
| а   | Gross income from members or shareholders   | I1a              |            |     |          |  |  |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |                  |            |     |          |  |  |  |
|   |   | l1b              |            |     |          |  |  |  |
| 12a   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1  | 041?             | 12a        |     |          |  |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b              |            |     |          |  |  |  |
|   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                  |            |     |          |  |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |                  | 13a        |     |          |  |  |  |
|   | <b>Note:</b> 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                |            |     |          |  |  |  |
|   | organization is licensed to issue qualified health plans  |                  |            |     |          |  |  |  |
|   | c Enter the amount of reserves on hand  |                  |            |     |          |  |  |  |
|   | 4a Did the organization receive any payments for indoor tanning services during the tax year?   |                  |            |     |          |  |  |  |
|   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule   |                  | 14b        |     |          |  |  |  |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or |   |                  |            |     |          |  |  |  |
| excess parachute payment(s) during the year?  If "Vos " see instructions and file Form 4720. Schodule N.      |   |                  |            |     |          |  |  |  |
| 16  | If "Yes," see instructions and file Form 4720, Schedule N.  | incomo?          | 16         |     | X        |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | income?          | 16         |     | Λ        |  |  |  |
|   | If "Yes," complete Form 4720, Schedule O.   |                  |            |     |          |  |  |  |

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

| 1a Enter the number of voting members of the governing body at the end of the tax year  1a Enter the number of voting members of the governing body, at the end of the tax year  1f there are material differences in voting rights among members of the governing body, or if the governing body willeglate bread authority to an executive committee or similar committies, explain on Schedule 0.  b Enter the number of voting members included on ine 1a, above, who are independent  1b  |     | Check if Schedule O contains a response or note to any line in this Part VI  |           |          | X    |
|--|-----|--|-----------|----------|------|
| table the number of voting members of the governing body at the end of the tax year if there are multiple difference in writing rights among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Before the number of voting members included on line 14, above, who are independent  | Sec | tion A. Governing Body and Management  |           |          |      |
| If there are material differences in voting rights arroup members of the governing body of the governing body of the governing body of the governing body of the committee voting members included on line 1a, above, who are independent.  10 b Enter the number of voting members included on line 1a, above, who are independent.  21 Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee and a significant of the person?  22  |     |  |           | Yes      | No   |
| be Either the number of voting members included on line 1a, above, who are independent.  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management outles customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 X  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 A Did the organization nave members, or stockholders, or other persons other than the governing body?  8 Did the organization outerproproanceusly document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 A SECTION B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Did the organization have a written ordinated the names and addresses on Schedule O Experiments of the companization have a written ordinated the names and addresses on Schedule O Experiments of the companization have a written ordinated the names and addresses on Schedule O Experiments of the College and provide the programation of the Glowing persons include a review and approval by independent persons, companibility data,   | 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a 3   |           |          |      |
| b Enter the number of voting members included on line 1a, above, who are independent   |     | If there are material differences in voting rights among members of the governing body, or if the governing  |           |          |      |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee?  3 Did the organization delegate control over management duties oustomarily performed by or under the direct supervision of officers, directors, trustees, or key employee to a management duties oustomarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assetts?  5 Did the organization become aware during the year of a significant diversion of the organization's assetts?  6 X S  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization have members or the persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization to memproareously document the meetings held or written actions undertaken during the year by the following:  8 Ten governing body?  8 Did the organization that the governing body?  9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization in semilar address? If Yes, Provide the names and addresses on Schedule O  9 X  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes, I did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review the form of the policy of the form of the fo  |     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |           |          |      |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee?  3 Did the organization delegate control over management duties oustomarily performed by or under the direct supervision of officers, directors, trustees, or key employee to a management duties oustomarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assetts?  5 Did the organization become aware during the year of a significant diversion of the organization's assetts?  6 X S  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization have members or the persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization to memproareously document the meetings held or written actions undertaken during the year by the following:  8 Ten governing body?  8 Did the organization that the governing body?  9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization in semilar address? If Yes, Provide the names and addresses on Schedule O  9 X  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes, I did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review the form of the policy of the form of the fo  | b   | Enter the number of voting members included on line 1a, above, who are independent   |           |          |      |
| and fincer, directors, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members and the prior of the organization sasester?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Bid X  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's members of the organization about policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10 If Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10 If Yes, 'did the organization have written organization and procedure sequence of its governing b  | 2   |  |           |          |      |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assetts?  5 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization conterporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 B Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.  8 Section B. Polloties (7ins Section B requests information about policies and regionably the internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Were officers, directors, or trustees, and key employees required to disclose annually interest that could give rise to omitics?  10c Did the organization have a w  |     |  | 2         |          | Х    |
| a of officers, directors, fusitiess, or key employees to a management company or other person?  4  | 3   |  |           |          |      |
| 4  |     |  | 3         |          | х    |
| 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?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Lat the ray officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9 X  Section B. Policles (This Section B requests information about policies for required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  10b Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Has the organization have a written policies and procedures governing body before filing the form?  11b Wers offices, director, or trustes, and key employee required to all members of its governing body before filing the form?  11a Wers offices, director, or trustes, and key employees required to all members of its governing body before filing the form?  11b Wers offices, director, or trustes, and key employees required to all members of its governing body before filing the form?  11a Wers offices, director, or trustes, and key employees required to dissions annually interests that could give rise to conflict?  12c X  13d Wers   | 4   |  |           |          |      |
| 6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A vary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 B b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "vies," provide the names and addressess of Schedule O.  9 Section B. Policies (This Section B requests information about pokicies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10a Did the organization have a written conflict of interest policy? If "No," got to line 13  10b Were offices, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  11c Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  12c Did the organization have a written document retention and destruction policy?  12c Did the organization have a written document retention and destruction policy?  12d Did the organization have a written document retention and destruction policy?  12e Did the organization have a wri  |     | A CONTRACTOR OF THE CONTRACTOR |           |          | Х    |
| Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A Ta X  A X  B Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Sech committee with authority to act on behalf of the governing body?  B Is there any officer, directry, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  10a Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directive, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  13b X  15d bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  15d bid the organization have a written whistleblower policy?  15d bid the organization have a written the policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax la  |     |  | <u> </u>  |          |      |
| more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Is there any officier, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Y'es, Provide the names and addresses on Schedule O  9 Is there any officier, director, trustee, or key employees elisted in Part VII, Section A, who cannot be reached at the organization's mailing address? If Y'es, Provide the names and addresses on Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  9 IX  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If Y'es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If It Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10b Did the organization requirity and consistently with the organization to review this Form 990.  11c Did the organization requirity and consistently only the organization to review this Form 990.  12a X  12b X  12b X  12c Vide the organization have a written object of the fellowing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiatio |     |  | ١Ť        |          |      |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9  |     |  | 7a        |          | х    |
| Betting the committee with authority to act on behalf of the governing body?  8 Did the organization contemporately document the meetings held or written actions underfaken during the year by the following:  8 The governing body?  9 Is there any officer, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves   | b   |  |           |          |      |
| a The governing body?  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b D escribe in Schedule 0 the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whisteblower policy?  14 Did the organization have a written whisteblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity  |     |  | 7h        |          | x    |
| a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization are a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13 Did the organization have a written orbitic of interest policy?  14 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization in SCEO, Executive Director, or top management official  16 Other officers or key employees of the organization  17 Yes," did the organization in follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in exemption to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) sonly) available for public inspection. Ind  | 8   |  | H         |          |      |
| b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustses, and key employees required to disclose annually interests blat could give rise to conflicts?  12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c Did the organization have a written whistleblower policy?  13 Did the organization have a written whistleblower policy?  13 Did the organization have a written obsciment retention and destruction policy?  14 Did the organization have a written obsciment retention and destruction policy?  15 Did the organization have a written obsciment retention and destruction policy?  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Did the organization invest in, contribute assets to, or par |     |  | 82        | x        |      |
| st there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Veo. 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14b Did the organization have a written document retention and destruction policy? 14b Did the organization have a written document retention and destruction policy? 14b Did the organization have a written policy or pomentation of the deliberation and decision? 15b X 15b Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15b X 15b X 15b Did the organization invest in, contribute assets to, or participation in the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi | _   |  |           |          |      |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves   No  | _   |  | 0.0       |          |      |
| Yes   No   No   In   Yes   Yes   In   In   Yes   In   In   In   In   In   In   In   I  | 3   |  | ۵         |          | x    |
| 10a   Did the organization have local chapters, branches, or affiliates?   10a   X     b   ff 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   10b     11a   Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?     b   Describe in Schedule O the process, if any, used by the organization to review this Form 990.     12a   Did the organization have a written conflict of interest policy? If 'No," go to line 13   12a   X     b   Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   12b   X     c   Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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?   13   X     15   Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   15a   X     b Other officers or key employees of the organization   15a   X     b Other officers or key employees of the organization   15b   X     if "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).   16a   X    b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization   16a   X    b If "Yes," did the organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how    | Sec |  |           |          |      |
| 10a  |     | tion Divided (mis seed on Brequests information about pointies not required by the internal revenue code.)   |           | Voc      | No   |
| b If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  12a X  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a X  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization because the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  17 List the states with which a copy of this Form 990 is required to be filed None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these availa  | 102 | Did the organization have local chapters, branches, or affiliates?   | 102       | 103      |      |
| and branches to ensure their operations are consistent with the organization's exempt purposes?  ### Last the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  ### Describe in Schedule O the process, if any, used by the organization to review this Form 990.  ### Describe in Schedule O the process, if any, used by the organization to review this Form 990.  ### Did the organization have a written conflict of interest policy? If "No," go to line 13  ### Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  ### Did the organization have a written whistleblower policy?  ### Did the organization have a written whistleblower policy?  ### Did the organization have a written document retention and destruction policy?  ### Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  ### The organization's CEO, Executive Director, or top management official  ### Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  ### Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  ### Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ### Section C. Disclosure  #### Discribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  ### Did the organization in the public during the tax   |     |  | 104       |          |      |
| 11a  | b   |  | 10h       |          |      |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990.    12a   | 112 |  |           | Х        |      |
| 12a  |     |  | 114       |          |      |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12  |     |  | 122       | x        |      |
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| in Schedule O how this was done  12c  X  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15  The organization's CEO, Executive Director, or top management official  15  Did the organization's CEO, Executive Director, or top management official  15d  X  15d  X  15d  W  15d  |     |  | 120       |          |      |
| 13   | ·   |  | 120       | x        |      |
| 14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization is persons or the organization is Did we process in Schedule O (see instructions).  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangem  | 12  |  |           |          | x    |
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| a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  Business Manager - 719-645-8063  | 13  |  |           |          |      |
| b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  Business Manager - 719-645-8063  | _   |  | 150       | x        |      |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X   |     |  |           |          |      |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Business Manager − 719−645−8063   | b   |  | 130       |          |      |
| taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?    Section C. Disclosure   | 162 |  |           |          |      |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Business Manager - 719-645-8063  | ioa |  | 162       |          | х    |
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| exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Business Manager - 719-645-8063  |     |  |           |          |      |
| Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Business Manager - 719-645-8063  |     |  | 16h       |          |      |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed ► None</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► Business Manager - 719-645-8063</li> </ul>   | Sec |  | .00       |          |      |
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| <ul> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► Business Manager - 719-645-8063</li> </ul>  |     |  |           |          |      |
| statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records   Business Manager - 719-645-8063   | 19  |  | d fina    | ncial    |      |
| State the name, address, and telephone number of the person who possesses the organization's books and records ►  Business Manager - 719-645-8063  | 19  |  | u miai    | ioiai    |      |
| Business Manager - 719-645-8063  | 20  | ,  |           |          |      |
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| 303 Austin Biulis Parkway, Colorado Springs, CO 00910  |     | 303 Austin Bluffs Parkway, Colorado Springs, CO 80918  |           |          |      |

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

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

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

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

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

| X Check this box if neither the organization n | or any related         | orga                           | aniza                                   | ation   | cor          | mpei                         | nsat      | ed any current officer, o | director, or trustee. |               |  |
|--|------------------------|--------------------------------|---|---------|--------------|------------------------------|-----------|---------------------------|-----------------------|---------------|--|
| (A)  | (B)                    |                                |   | (0      | C)           |                              |           | (D)                       | (E)                   | (F)           |  |
| Name and title                                 | Average                | (do                            | Position<br>(do not check more than one |         | Reportable   | Reportable                   | Estimated |                           |                       |               |  |
|  | hours per              | box                            | , unle                                  | ss pe   | rson         | is bot                       | h an      | compensation              | compensation          | amount of     |  |
|  | week                   | _                              | cer ar                                  | nd a d  | irecto       | r/trus                       | tee)      | from                      | from related          | other         |  |
|  | (list any              | ector                          |   |         |              |                              |           | the                       | organizations         | compensation  |  |
|  | hours for              | or di                          | gg.                                     |         |              | ated                         |           | organization              | (W-2/1099-MISC)       | from the      |  |
|  | related                | ıstee                          | truste                                  |         | gy.          | bens                         |           | (W-2/1099-MISC)           |                       | organization  |  |
|  | organizations<br>below | ual trı                        | onal                                    |         | ploye        | t com                        |           |                           |                       | and related   |  |
|  | line)                  | Individual trustee or director | Institutional trustee                   | Officer | Key employee | Highest compensated employee | Former    |                           |                       | organizations |  |
| (1) Pete Heinz                                 | 1.00                   | 드                              | 드                                       | ₽       | 포            | 三三                           | 요         |                           |                       |               |  |
| Vice President                                 | 1.00                   | X                              |   | х       |              |                              |           | 0.                        | 0.                    | 0.            |  |
| (2) Bentley Rayburn                            | 2.00                   |                                |   | 77      |              |                              |           | 0.                        | 0.                    | · ·           |  |
| President                                      | 2.00                   | X                              |   | x       |              |                              |           | 0.                        | 0.                    | 0.            |  |
| (3) Tom Strand                                 | 1.00                   | <u> </u>                       | $\vdash$                                | A       |              |                              |           | 0.                        | 0.                    | <u></u>       |  |
|  | 1.00                   | X                              |   | x       |              |                              |           | 0.                        | 0.                    | 0.            |  |
| Treasurer                                      |                        | ^                              | $\vdash$                                | ^       |              | -                            | _         | 0.                        | 0.                    | <b>U</b> •    |  |
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|  |                        |                                |   |         |              | 1                            | 1         |                           |                       |               |  |

| (A) Name and title    A   | Par | t VII Section A. Officers, Directors, Trus   | tees, Key Em   | ploy    | ees  | , and    | d Hi     | ghe             | st C     | ompensated Employe      | es (continued)   |       |         |         |       |
|---|-----|--|----------------|---------|--|----------|----------|-----------------|----------|-------------------------|------------------|-------|---------|---------|-------|
| tours per West and use house per West and the Compensation of the |     |  |                | (B) (C) |  |          |          |                 |          |                         |                  |       |         | (F)     |       |
| Nourisperior   Nour  |     | Name and title   | 1              | (do     |  |          |          |                 | one      | Reportable              | Reportable       | ;     | Es      | stimate | ∍d    |
| Compensation   Com   |     |  |                |         |  |          |          |                 |          | ·                       | •                |       |         |         | of    |
| 1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines to and to)  2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compansation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a reacile or account compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  |                | Į.      |  |          |          |                 |          |                         |                  |       | l       |         | ation |
| 1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines to and to)  2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compansation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a reacile or account compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  | hours for      | direc   |  |          |          | pa              |          |                         | •                |       |         | •       |       |
| 1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines to and to)  2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compansation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a reacile or account compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  |                | stee o  | rustee                                       |          |          | ensat           |          | (W-2/1099-MISC)         |                  |       | _       |         |       |
| 1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines to and to)  2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compansation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a reacile or account compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  | ~              | al tru  | onal tı                                      |          | oloyee   | comp            |          |                         |                  |       |         |         |       |
| 1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines to and to)  2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compansation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a reacile or account compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  |                | divid   | stituti                                      | fficer   | sy emp   | ighest<br>nploy | ormer    |                         |                  |       | orga    | anızatı | ons   |
| c Total from continuation sheets to Part VII, Section A   |     |  | ,              | =       | 느  | 0        | <u>~</u> | 工品              | Œ        |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| c Total from continuation sheets to Part VII, Section A   |     | Subtotal   |                |         |  |          |          |                 |          | 0.                      |                  | 0.    |         |         | 0.    |
| d Total (add lines 1b and 1c)   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No   |     |  |                |         |  |          |          |                 |          | 1                       |                  |       |         |         |       |
| compensation from the organization    Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   Solid any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   A   |     |  |                |         |  |          |          |                 |          | eceived more than \$100 | ,000 of reportab | le    |         |         |       |
| Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None and business address  None  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   |     | compensation from the organization   |                |         |  | <u> </u> |          |                 |          |                         |                  |       |         |         | 0     |
| line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  |                |         |  |          |          |                 |          |                         |                  |       |         | Yes     | No    |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   | 3   | -  |                |         | кеу е  | emp      | loye     | e, o            | hig      | hest compensated emp    | oloyee on        |       |         |         |       |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  |                |         |  |          |          |                 |          |                         |                  |       | 3       |         | X     |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  | 4   |  |                | ,       | -  |          |          |                 |          | •                       | -                |       | 4       |         | x     |
| rendered to the organization? If "Yes," complete Schedule J for such person   | 5   |  |                |         |  |          |          |                 |          |                         |                  |       | 7       |         |       |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than   |     | The state of the s |                |         |  |          | -        |                 |          | _                       |                  |       | 5       |         | Х     |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  None and business address None Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  | Sec |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
| (A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than   | 1   | Complete this table for your five highest co   | mpensated inc  | depe    | ende   | nt c     | onti     | racto           | ors t    | hat received more than  | \$100,000 of con | npens | ation 1 | rom     |       |
| Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than   |     | the organization. Report compensation for  | the calendar y | ear     | endi   | ng v     | vith     | or w            | ithir    | the organization's tax  | year.            |       |         |         |       |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than  |     |  | addraga        | BT/     | <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 7        |          |                 |          |                         | oniooo           |       |         |         | n     |
|   |     | ivallie aliu busilless   | auuress        | 1/1     | JNE  | 5        |          |                 | $\dashv$ | Description of s        | ervices          |       | ompe    | IISalio | -     |
|   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
|   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
|   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
|   |     |  |                |         |  |          |          |                 | _        |                         |                  |       |         |         |       |
|   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
|   |     |  |                |         |  |          |          |                 |          |                         |                  |       |         |         |       |
|   | 2   |  | •              | ot li   | mite   | d to     |          | _               | sted     | l above) who received m | nore than        |       |         |         |       |

|  |            | Check if Schedule O contains a response             | or note to any lir   | ne in this Part VIII |                   |                  |                                      |
|--|------------|---|----------------------|----------------------|-------------------|------------------|--------------------------------------|
|  |            | Officers in Generality of Contains a response s     | or riote to arry iii | (A)                  | (B)               | (C)              | (D)                                  |
|  |            |   |                      | Total revenue        | Related or exempt | Unrelated        | Revenue excluded                     |
|  |            |   |                      |                      | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
| gσ   | 4 -        | Fordering and a suppliance                          |                      |                      |                   |                  | 000110110 012 011                    |
| ant  |            | Federated campaigns 1a                              |                      |                      |                   |                  |                                      |
| اع ق   |            | Membership dues 1b                                  |                      |                      |                   |                  |                                      |
| fts,   |            | Fundraising events 1c                               |                      |                      |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts |            | Related organizations 1d                            | 020 002              |                      |                   |                  |                                      |
| Sir  |            | •             | 920,002.             |                      |                   |                  |                                      |
| atio   | f          | All other contributions, gifts, grants, and         | FO 041               |                      |                   |                  |                                      |
| 호된   |            | similar amounts not included above 1f               | 59,041.              |                      |                   |                  |                                      |
| ont<br>od (  | g          | Noncash contributions included in lines 1a-1f 1g \$ |                      | 0.70                 |                   |                  |                                      |
| <u>ā č</u>   | h          | Total. Add lines 1a-1f                              | <u></u>              | 979,043.             |                   |                  |                                      |
|  |            |   | Business Code        |                      |                   |                  |                                      |
| e e  | 2 a        | Pupil funding                                       |                      | 1,952,209.           | 1,952,209.        |                  |                                      |
| Program Service<br>Revenue                             | b          | District Mill Levy                                  | 611110               | 73,503.              |                   |                  |                                      |
| S n  | С          | Charges For Services                                | 611110               | 31,524.              | 31,524.           |                  |                                      |
| eve  | d          |   |                      |                      |                   |                  |                                      |
| 90<br>H  | е          |   |                      |                      |                   |                  |                                      |
| ቯ  | f          | All other program service revenue                   | 611110               |                      |                   |                  |                                      |
|  | g          | Total. Add lines 2a-2f                              | <b></b>              | 2,057,236.           |                   |                  |                                      |
|  | 3          | Investment income (including dividends, intere      |                      |                      |                   |                  |                                      |
|  |            | other similar amounts)                              |                      | 1,131.               |                   |                  | 1,131.                               |
|  | 4          | Income from investment of tax-exempt bond p         |                      |                      |                   |                  |                                      |
|  | 5          | Royalties   |                      |                      |                   |                  |                                      |
|  | _          | (i) Real  | (ii) Personal        |                      |                   |                  |                                      |
|  | 6 a        |   | ()                   |                      |                   |                  |                                      |
|  |            | Less: rental expenses 6b                            |                      |                      |                   |                  |                                      |
|  |            | Rental income or (loss) 6c                          |                      |                      |                   |                  |                                      |
|  |            | Net rental income or (loss)                         |                      |                      |                   |                  |                                      |
|  |            | Gross amount from sales of (i) Securities           | (ii) Other           |                      |                   |                  |                                      |
|  | <i>i</i> a |   | (ii) Other           |                      |                   |                  |                                      |
|  |            | assets other than inventory 7a                      |                      | 1                    |                   |                  |                                      |
| o l  | D          | Less: cost or other basis                           |                      |                      |                   |                  |                                      |
| ığ   |            | and sales expenses 7b Gain or (loss) 7c             |                      |                      |                   |                  |                                      |
| her Revenue  |            | . ,   |                      |                      |                   |                  |                                      |
| <u>ہ</u> ا   |            | Net gain or (loss)                                  | ······· <b>&gt;</b>  |                      |                   |                  |                                      |
|  | 8 a        | Gross income from fundraising events (not           |                      |                      |                   |                  |                                      |
| 0  |            | including \$ of                                     |                      |                      |                   |                  |                                      |
|  |            | contributions reported on line 1c). See             |                      |                      |                   |                  |                                      |
|  |            | Part IV, line 18                                    |                      |                      |                   |                  |                                      |
|  |            | Less: direct expenses 8b                            |                      |                      |                   |                  |                                      |
|  |            | Net income or (loss) from fundraising events        | <u></u>              |                      |                   |                  |                                      |
|  | 9 a        | Gross income from gaming activities. See            |                      |                      |                   |                  |                                      |
|  |            | Part IV, line 19 9a                                 |                      |                      |                   |                  |                                      |
|  | b          | Less: direct expenses9b                             |                      |                      |                   |                  |                                      |
|  | С          | Net income or (loss) from gaming activities         | 🕨                    |                      |                   |                  |                                      |
|  | 10 a       | Gross sales of inventory, less returns              |                      |                      |                   |                  |                                      |
|  |            | and allowances 10a                                  |                      |                      |                   |                  |                                      |
|  | b          | Less: cost of goods sold 10b                        |                      |                      |                   |                  |                                      |
|  |            | Net income or (loss) from sales of inventory        |                      |                      |                   |                  |                                      |
| <u>"</u>   |            |   | Business Code        |                      |                   |                  |                                      |
| Miscellaneous<br>Revenue                               | 11 a       | Miscellaneous Revenue                               | 611110               | 13,580.              | 13,580.           |                  |                                      |
| ane  | b          |   |                      |                      |                   |                  |                                      |
|  | c          |   |                      |                      |                   |                  |                                      |
| isc<br>B   | d          | All other revenue                                   |                      |                      |                   |                  |                                      |
| 2  |            | Total. Add lines 11a-11d                            | <b>b</b>             | 13,580.              |                   |                  |                                      |
|  | 12         | Total revenue See instructions                      | <u> </u>             |                      | 2.070.816.        | 0.               | 1.131.                               |

# 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 respor   |                |                          |                                 |                      |
|----------|---|----------------|--------------------------|---------------------------------|----------------------|
| Do       | not include amounts reported on lines 6b,   | (A)            | (B)                      | (C)                             | (D)                  |
|          | 8b, 9b, and 10b of Part VIII.   | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1        | Grants and other assistance to domestic organizations   |                | oxponiose                | доглогал сироплосо              | <u> </u>             |
|          | and domestic governments. See Part IV, line 21  |                |                          |                                 |                      |
| 2        | Grants and other assistance to domestic   |                |                          |                                 |                      |
|          | individuals. See Part IV, line 22   |                |                          |                                 |                      |
| 3        | Grants and other assistance to foreign  |                |                          |                                 |                      |
|          | organizations, foreign governments, and foreign   |                |                          |                                 |                      |
|          | individuals. See Part IV, lines 15 and 16   |                |                          |                                 |                      |
| 4        | Benefits paid to or for members   |                |                          |                                 |                      |
| 5        | Compensation of current officers, directors,  |                |                          |                                 |                      |
|          | trustees, and key employees   |                |                          |                                 |                      |
| 6        | Compensation not included above to disqualified   |                | 1                        |                                 |                      |
|          | persons (as defined under section 4958(f)(1)) and   |                |                          |                                 |                      |
|          | persons described in section 4958(c)(3)(B)  | 1 470 440      | 1 256 676                | 221 766                         |                      |
| 7        | Other salaries and wages  | 1,478,442.     | 1,256,676.               | 221,766.                        |                      |
| 8        | Pension plan accruals and contributions (include  | -975,367.      | -829,062.                | -146,305.                       |                      |
| _        | section 401(k) and 403(b) employer contributions)   | 164,194.       | 139,565.                 | 24,629.                         |                      |
| 9        | Other employee benefits   | 23,740.        | 20,179.                  | 3,561.                          |                      |
| 10<br>11 | Payroll taxes Fees for services (nonemployees):   | 23,720•        | 20,179.                  | 3,301.                          |                      |
|          | Management  |                |                          |                                 |                      |
| a<br>b   | Legal   | 2,563.         |                          | 2,563.                          |                      |
|          | Accounting  | 6,250.         |                          | 6,250.                          |                      |
|          | Lobbying  | 7,200          |                          | 7,200                           |                      |
| e        | Professional fundraising services. See Part IV, line 17   |                |                          |                                 |                      |
| f        | Investment management fees  |                |                          |                                 |                      |
| g        | Other. (If line 11g amount exceeds 10% of line 25,  |                |                          |                                 |                      |
|          | column (A) amount, list line 11g expenses on Sch O.)  | 7,092.         |                          | 7,092.                          |                      |
| 12       | Advertising and promotion   | 18,455.        | 15,687.                  | 2,768.                          |                      |
| 13       | Office expenses   | 2,145.         | 1,823.                   | 322.                            |                      |
| 14       | Information technology  | 6,547.         | 5,565.                   | 982.                            |                      |
| 15       | Royalties   | 450 011        | 200 004                  | 60.00                           |                      |
| 16       | Occupancy   | 459,911.       | 390,924.                 | 68,987.                         |                      |
| 17       | Travel  | 12,509.        | 10,633.                  | 1,876.                          |                      |
| 18       | Payments of travel or entertainment expenses  |                |                          |                                 |                      |
|          | for any federal, state, or local public officials   |                |                          |                                 |                      |
| 19       | Conferences, conventions, and meetings  | 4,765.         |                          | 4,765.                          |                      |
| 20<br>21 | Interest Payments to affiliates   | ±,70J•         |                          | Z,103•                          |                      |
| 22       | Depreciation, depletion, and amortization   | 6,841.         | 6,841.                   |                                 |                      |
| 23       | Insurance   | 29,495.        | 25,071.                  | 4,424.                          |                      |
| 24       | Other expenses. Itemize expenses not covered  | - ,            | .,                       | , == = -                        |                      |
|          | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) |                |                          |                                 |                      |
|          | amount, list line 24e expenses on Schedule 0.)  |                |                          |                                 |                      |
| а        | Instructional Supplies  | 71,129.        | 71,129.                  |                                 |                      |
| b        | Small Equipment   | 64,068.        | 54,458.                  | 9,610.                          |                      |
| С        | Educational Services  | 55,873.        | 47,490.                  | 8,383.                          |                      |
| d        | Authorizer Fees   | 44,930.        |                          | 44,930.                         |                      |
| е        | All other expenses  | 67,892.        | 58,138.                  | 9,754.                          |                      |
| 25       | Total functional expenses. Add lines 1 through 24e  | 1,551,474.     | 1,275,117.               | 276,357.                        | 0.                   |
| 26       | Joint costs. Complete this line only if the organization  |                |                          |                                 |                      |
|          | reported in column (B) joint costs from a combined  |                |                          |                                 |                      |
|          | educational campaign and fundraising solicitation.  |                |                          |                                 |                      |
|          | Check here if following SOP 98-2 (ASC 958-720)  |                |                          |                                 | C 000 (2000)         |

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,732,264. 1,689,976. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 36,789. 6,570. 3 3 Pledges and grants receivable, net 1,900. 24,323. 4 Accounts receivable, net **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 26,470.20,310. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 68,412. basis. Complete Part VI of Schedule D \_\_\_\_\_ | 10a | 11,623. 19,130. 56,789. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,007,096. 1,065,699. Other assets. See Part IV, line 11 15 15 2,905,955. 2,781,361. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 12,075. 161,820. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 155,154. 120. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 456,500. 456,500. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,947,326. 6,577,693. 25 8,571,055. 26 7,196,133. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -4,814,678. -6,360,186. Net assets without donor restrictions 27 27

Net assets with donor restrictions

Total liabilities and net assets/fund balances ......

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

2,905,955. Form **990** (2020)

-4,290,178.

524,500.

570,492.

-5,789,694**.** 

2,781,361.

28

29

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30 31

32

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Colorado International Language Academy 46-2254568 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Colorado International Language Academy 46-2254568 Page 2

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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) 2020

# Schedule A (Form 990 or 990-EZ) 2020 Colorado International Language Academy 46-2254568 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | etion A. Public Support  | ciow, picade comp    | oloto i art ii.j    |                      |                    |                     |              |
|------|--|----------------------|---------------------|----------------------|--------------------|---------------------|--------------|
|      | ndar year (or fiscal year beginning in)  | (a) 2016             | <b>(b)</b> 2017     | (c) 2018             | (d) 2019           | (e) 2020            | (f) Total    |
|      | Gifts, grants, contributions, and  |                      | ,                   |                      | ,                  |                     | ,            |
|      | membership fees received. (Do not  |                      |                     |                      |                    |                     |              |
|      | include any "unusual grants.")   |                      |                     |                      |                    |                     |              |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                     |                      |                    |                     |              |
| 3    | Gross receipts from activities that  |                      |                     |                      |                    |                     |              |
|      | are not an unrelated trade or bus-   |                      |                     |                      |                    |                     |              |
|      | iness under section 513  |                      |                     |                      |                    |                     |              |
| 4    | Tax revenues levied for the organ-   |                      |                     |                      |                    |                     |              |
| •    | ization's benefit and either paid to   |                      |                     |                      |                    |                     |              |
|      | or expended on its behalf  |                      |                     | 4                    |                    |                     |              |
| 5    | The value of services or facilities  |                      |                     |                      |                    |                     |              |
| J    | furnished by a governmental unit to  |                      |                     |                      |                    |                     |              |
|      | the organization without charge  |                      |                     |                      |                    |                     |              |
| 6    | Total. Add lines 1 through 5   |                      |                     |                      |                    |                     |              |
|      | Amounts included on lines 1, 2, and  |                      |                     |                      |                    |                     | <del> </del> |
| , ,  | 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  |                      |                     |                      |                    |                     |              |
|      | Public support. (Subtract line 7c from line 6.)  |                      |                     |                      |                    |                     |              |
|      | tion B. Total Support  |                      |                     |                      |                    |                     |              |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2016             | <b>(b)</b> 2017     | (c) 2018             | (d) 2019           | (e) 2020            | (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   |                      |                     |                      |                    |                     |              |
|      | Add lines 10a and 10b  |                      |                     |                      |                    |                     |              |
| 11   | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      |                     |                      |                    |                     |              |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                      |                     |                      |                    |                     |              |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                     |                      | <u> </u>           |                     | <u> </u>     |
| 14   | First 5 years. If the Form 990 is for the  | ie organization's fi | rst, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3) organizat | tion,        |
|      |  |                      |                     |                      |                    |                     | <u></u> ▶∟⊥  |
|      | ction C. Computation of Publ   |                      |                     |                      |                    | 1 1                 |              |
| 15   | Public support percentage for 2020 (   |                      |                     |                      |                    | 15                  | <u>%</u>     |
| 16   |  |                      |                     |                      |                    | 16                  | <u>%</u>     |
| Sec  | ction D. Computation of Inves  |                      |                     |                      |                    | 1 1                 |              |
| 17   | Investment income percentage for 20  |                      |                     |                      |                    |                     | %            |
| 18   | Investment income percentage from  |                      |                     |                      |                    | 18                  | %            |
| 19a  | 33 1/3% support tests - 2020. If the   |                      |                     |                      |                    |                     | 17 is not    |
|      | more than 33 1/3%, check this box a  |                      |                     |                      |                    |                     | ▶□           |
| b    | 33 1/3% support tests - 2019. If the   | •                    |                     |                      | •                  | •                   |              |
|      | line 18 is not more than 33 1/3%, che  |                      |                     |                      |                    |                     |              |
| 20   | <b>Private foundation.</b> If the organization   | n did not check a    | pox on line 14 19   | a or 19b check t     | nis box and see in | structions          |              |

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     |          | Yes  | No   |
|-----|----------|------|------|
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|     | dule A (Form 990 or 990-EZ) 2020 COTOTAGO IIICETHACTOHAT LIANGUAGE ACADEMY 40-ZZ   | 3430      | o Pa | age <b>5</b> |
|-----|--|-----------|------|--------------|
| 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 lines 11b and   |           |      |              |
|     | 11c below, the governing body of a supported organization?   | 11a       |      |              |
|     | A family member of a person described in line 11a above?   | 11b       |      |              |
| С   | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |           |      |              |
|     | detail in Part VI.   | 11c       |      |              |
| Sec | tion B. Type I Supporting Organizations  |           |      |              |
|     |  |           | Yes  | No           |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |           |      |              |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |           |      |              |
|     | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |           |      |              |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |           |      |              |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1         |      |              |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |           |      |              |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |           |      |              |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |           |      |              |
| _   | supervised, or controlled the supporting organization.   | 2         |      |              |
| Sec | tion C. Type II Supporting Organizations   |           |      |              |
|     |  |           | Yes  | No           |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |           |      |              |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |           |      |              |
|     | or management of the supporting organization was vested in the same persons that controlled or managed   |           |      |              |
|     | the supported organization(s).   | 1         |      |              |
| Sec | tion D. All Type III Supporting Organizations  |           |      |              |
|     |  |           | Yes  | No           |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |           |      |              |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |           |      |              |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |           |      |              |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1         |      |              |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |           |      |              |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |           |      |              |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2         |      |              |
| 3   | By reason of the relationship described in line 2, above, did the organization's supported organizations have a  |           |      |              |
|     | significant voice in the organization's investment policies and in directing the use of the organization's   |           |      |              |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |           |      |              |
|     | supported organizations played in this regard.   | 3         |      |              |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations  |           |      |              |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)   |           |      |              |
| а   | The organization satisfied the Activities Test. Complete line 2 below.   |           |      |              |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.  |           |      |              |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in  | struction | ns). |              |
| 2   | Activities Test. Answer lines 2a and 2b below.   |           | Yes  | No           |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |           |      |              |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |           |      |              |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,   |           |      |              |
|     | how the organization was responsive to those supported organizations, and how the organization determined  |           |      |              |
|     | that these activities constituted substantially all of its activities.   | 2a        |      |              |
| b   | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,  |           |      |              |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |           |      |              |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |           |      |              |
|     | these activities but for the organization's involvement.   | 2b        |      |              |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |      |              |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |           |      |              |
|     | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | 3a        |      |              |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |           |      |              |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b        |      |              |

Schedule A (Form 990 or 990-EZ) 2020 Colorado International Language Academy 46-2254568 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 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.

| 7 | Check here if th | ne current ye | ar is the organiz | zation's first as | a non-functionally | integrat | ed Type III | supporting orga | anization (se | е |
|---|------------------|---------------|-------------------|-------------------|--------------------|----------|-------------|-----------------|---------------|---|
|   | instructions).   |               |                   |                   |                    |          |             |                 |               |   |

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6

Schedule A (Form 990 or 990-EZ) 2020

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2020 Colorado International Language Academy 46-2254568 Page 7

|            | t V Type III Non-Functionally Integrated 509  | (a)(3) Supporting Org        | anizations (continu                   | <u>z -</u><br>1ed) | 0 223 1300 Fage /                         |
|------------|---|------------------------------|---------------------------------------|--------------------|---|
| Sect       | Current Year  |                              |                                       |                    |   |
| 1          | Amounts paid to supported organizations to accomplish exe   | 1                            |                                       |                    |   |
| 2          | Amounts paid to perform activity that directly furthers exemp   |                              |                                       |                    |   |
|            | organizations, in excess of income from activity  | 2                            |                                       |                    |   |
| 3          | Administrative expenses paid to accomplish exempt purpose   | 3                            |                                       |                    |   |
| 4          | Amounts paid to acquire exempt-use assets   |                              |                                       | 4                  |   |
| 5          | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)    |                                       | 5                  |   |
| 6          | Other distributions (describe in Part VI). See instructions.  |                              |                                       | 6                  |   |
| 7          | Total annual distributions. Add lines 1 through 6.  |                              |                                       | 7                  |   |
| 8          | Distributions to attentive supported organizations to which the   | ne organization is responsiv | е                                     |                    |   |
|            | (provide details in Part VI). See instructions.   |                              |                                       | 8                  |   |
| 9          | Distributable amount for 2020 from Section C, line 6  |                              |                                       | 9                  |   |
| 10         | Line 8 amount divided by line 9 amount  |                              | _                                     | 10                 |   |
| Sect       | on E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions  | (ii)<br>Underdistribution<br>Pre-2020 | าร                 | (iii)<br>Distributable<br>Amount for 2020 |
| _1         | Distributable amount for 2020 from Section C, line 6  |                              |                                       |                    |   |
| 2          | Underdistributions, if any, for years prior to 2020 (reason-  |                              |                                       |                    |   |
|            | able cause required - explain in Part VI). See instructions.  |                              |                                       |                    |   |
| 3          | Excess distributions carryover, if any, to 2020   |                              |                                       |                    |   |
| a          | From 2015   |                              |                                       |                    |   |
| b          | From 2016   |                              |                                       |                    |   |
| С          | From 2017   |                              |                                       |                    |   |
| d          | From 2018   |                              |                                       |                    |   |
| e          | From 2019   |                              |                                       |                    |   |
| f          | Total of lines 3a through 3e  |                              |                                       |                    |   |
| g          | Applied to underdistributions of prior years  |                              |                                       |                    |   |
| h          | Applied to 2020 distributable amount  |                              |                                       |                    |   |
| <u>i</u> _ | Carryover from 2015 not applied (see instructions)  |                              |                                       |                    |   |
| <u>j</u>   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                              |                                       |                    |   |
| 4          | Distributions for 2020 from Section D, line 7:  |                              |                                       |                    |   |
| a          | Applied to underdistributions of prior years  |                              |                                       |                    |   |
|            | Applied to 2020 distributable amount  |                              |                                       |                    |   |
|            | Remainder. Subtract lines 4a and 4b from line 4.  |                              |                                       |                    |   |
| 5          | Remaining underdistributions for years prior to 2020, if  |                              |                                       |                    |   |
|            | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                              |                                       |                    |   |

Schedule A (Form 990 or 990-EZ) 2020

**6** Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

| Schedule A (Form 990 or 990-EZ) 2020 Colorado International Language Academy 46-2254568 Pt.  Part VI Supplemental Information. Provide the explanations required by Part II, line 172 ard 175, Part III, line 172.  Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions.) |
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## Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

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

2020

OMB No. 1545-0047

Name of the organization

Employer identification number

Colorado International Language Academy

46-2254568

| Organiz           | ation type (check or  | ie).  |
|-------------------|---|---|
| Filers of         | :   | Section:  |
| Form 99           | 0 or 990-EZ   | $\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization   |
|                   |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|                   |   | 527 political organization  |
| Form 99           | 0-PF  | 501(c)(3) exempt private foundation   |
|                   |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|                   |   | 501(c)(3) taxable private foundation  |
|                   |   |   |
| Check if          | your organization is  | s covered by the <b>General Rule</b> or a <b>Special Rule.</b>  |
| Note: Or          | nly a section 501(c)(                                       | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |
| General           | Rule  |   |
| X                 | For an organization   | filing Form 000, 000 F7, or 000 DF that received during the year contributions totaling \$5,000 or more (in manay or  |
|                   |   | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |
| Special           | Rules   |   |
|                   | sections 509(a)(1) a any one contributor                    | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.  |
|                   |   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,   |
|                   | • •   | onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering<br>instead of the contributor name and address), II, and III.  |
|                   | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \bi |
| but it <b>m</b> u | ı <b>st</b> answer "No" on l                                | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

# Colorado International Language Academy

46-2254568

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          | Kara and Theador Rudolph  15441 W. 64th Place Unit D  Arvada, CO 80007        | \$9,500.                   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
|            | rume, dudicess, dita Zir + 4  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

# Colorado International Language Academy

46-2254568

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

Name of organization Employer identification number Colorado International Language Academy 46-2254568 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Colorado International Language Academy

Employer identification number 46-2254568

| Pai  | t I Organizations Maintaining Donor Advise   | ed Funds or Other Simila           | ar Funds or Ad        | counts. Complete if the         |
|------|--|------------------------------------|-----------------------|---------------------------------|
|      | organization answered "Yes" on Form 990, Part IV, lin  | ie 6.                              |                       |                                 |
|      |  | (a) Donor advised fund:            | s (b                  | ) Funds and other accounts      |
| 1    | Total number at end of year  |                                    |                       |                                 |
| 2    | Aggregate value of contributions to (during year)  |                                    |                       |                                 |
| 3    | Aggregate value of grants from (during year)   |                                    |                       |                                 |
| 4    | Aggregate value at end of year   |                                    |                       |                                 |
| 5    | Did the organization inform all donors and donor advisors in   | _                                  |                       |                                 |
|      | are the organization's property, subject to the organization's   |                                    | A                     |                                 |
| 6    | Did the organization inform all grantees, donors, and donor a  | idvisors in writing that grant fun | ds can be used or     | nly                             |
|      | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for any othe  | er purpose conferr    |                                 |
| D-1  |  |                                    |                       |                                 |
| Pa   |  |                                    | form 990, Part IV,    | line 7.                         |
| 1    | Purpose(s) of conservation easements held by the organization  | `                                  |                       |                                 |
|      | Preservation of land for public use (for example, recrea   |                                    |                       | ically important land area      |
|      | Protection of natural habitat  | Prese                              | ervation of a certifi | ed historic structure           |
|      | Preservation of open space   |                                    |                       |                                 |
| 2    | Complete lines 2a through 2d if the organization held a quali  | fied conservation contribution in  | n the form of a cor   |                                 |
|      | day of the tax year.   |                                    | -                     | Held at the End of the Tax Year |
| а    | Total number of conservation easements   |                                    |                       | <u>2a</u>                       |
| b    | Total acreage restricted by conservation easements   |                                    |                       | 2b                              |
| C    | Number of conservation easements on a certified historic str   |                                    |                       | 2c                              |
| d    | Number of conservation easements included in (c) acquired  |                                    |                       |                                 |
| _    | listed in the National Register  |                                    |                       | 2d                              |
| 3    | Number of conservation easements modified, transferred, re   | leased, extinguished, or termina   | ated by the organi    | zation during the tax           |
|      | year -   |                                    |                       |                                 |
| 4    | Number of states where property subject to conservation ea   |                                    |                       |                                 |
| 5    | Does the organization have a written policy regarding the pe   |                                    |                       |                                 |
| •    | violations, and enforcement of the conservation easements i  |                                    |                       |                                 |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting,   | nandling of violations, and enfo   | orcing conservatio    | n easements during the year     |
| 7    | Amount of our areas in a small in months that in a setting has   |                                    |                       |                                 |
| 7    | Amount of expenses incurred in monitoring, inspecting, hand  | aling of violations, and emorcing  | g conservation eas    | sements during the year         |
|      | Dans such consequation assument varieties on line 2(d) about   | re esticity the requirements of a  | action 170/b\/4\/D\   | (3)                             |
| 8    | Does each conservation easement reported on line 2(d) above and easting 170(b)(4)(D)(ii)2  |                                    |                       |                                 |
| 0    | and section 170(h)(4)(B)(ii)?  |                                    |                       |                                 |
| 9    | In Part XIII, describe how the organization reports conservati<br>balance sheet, and include, if applicable, the text of the footi |                                    | =                     |                                 |
|      | organization's accounting for conservation easements.  | Tote to the organization's linant  | dai statements tha    | at describes the                |
| Pai  | t III Organizations Maintaining Collections o  | f Art. Historical Treasur          | es, or Other S        | Similar Assets                  |
| . a. | Complete if the organization answered "Yes" on Form  | •                                  | 00, 01 0 1101 0       | mai 71000101                    |
| 12   | If the organization elected, as permitted under FASB ASC 95  |                                    | tatement and hala     | unce sheet works                |
| ıu   | of art, historical treasures, or other similar assets held for pul   | '                                  |                       |                                 |
|      | service, provide in Part XIII the text of the footnote to its final  | , ,                                |                       | oc or public                    |
| h    | If the organization elected, as permitted under FASB ASC 95  |                                    |                       | sheet works of                  |
|      | art, historical treasures, or other similar assets held for public   |                                    |                       |                                 |
|      | provide the following amounts relating to these items:   | o extribition, education, of reced |                       | or public service,              |
|      | (i) Revenue included on Form 990, Part VIII, line 1  |                                    |                       | <b>&gt;</b> \$                  |
|      |  |                                    |                       | <b>&gt;</b> \$                  |
| 2    | If the organization received or held works of art, historical tre  |                                    |                       |                                 |
| _    | the following amounts required to be reported under FASB A   |                                    |                       |                                 |
| а    | Revenue included on Form 990, Part VIII, line 1  | ~                                  |                       | <b>&gt;</b> \$                  |
|      | Assets included in Form 990, Part X  |                                    |                       | <b>\$</b>                       |

Schedule D (Form 990) 2020

56,789.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Colorado International Language Academy

Employer identification number 46-2254568

|   |   |               | YES | NO |
|---|---|---------------|-----|----|
| 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             | Х   |    |
| 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             | Х   |    |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet   |               |     |    |
|   | homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the  |               |     |    |
|   | homepage, or 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  | 3             | Х   |    |
|   | These policies are available upon request, on our website and   |               |     |    |
|   | in the student handbook.  |               |     |    |
|   |   |               |     |    |
|   |   |               |     |    |
|   |   |               |     |    |
| 4 | Does the organization maintain the following?   | 4-            | Х   |    |
|   | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 4a            | X   |    |
|   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 4b            | Λ   |    |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing  | 100           | х   |    |
| ٦ | with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?                    | 4c<br>4d      | X   |    |
| u | If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | <del></del> u |     |    |
|   | if you allowered the to any of the above, please explain. If you need more space, use if art in.  |               |     |    |
|   |   |               |     |    |
|   |   |               |     |    |
|   |   |               |     |    |
| 5 | Does the organization discriminate by race in any way with respect to:  |               |     |    |
| а | Students' rights or privileges?   | 5a            |     | Х  |
|   | Admissions policies?  | 5b            |     | X  |
| С | Employment of faculty or administrative staff?  | 5с            |     | X  |
| d | Scholarships or other financial assistance?   | 5d            |     | Х  |
|   | Educational policies?   | 5e            |     | X  |
| f | Use of facilities?  | 5f            |     | X  |
|   | Athletic programs?  | 5g            |     | X  |
|   | Other extracurricular activities?   | 5h            |     | X  |
|   | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   |               |     |    |
|   |   |               |     |    |
|   |   |               |     |    |
| 6 | Does the organization receive any financial aid or assistance from a governmental agency?   | 60            | x   |    |
|   | Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid over been reveled or suspended? | 6a            | Х   | x  |
|   | Has the organization's right to such aid ever been revoked or suspended?  | 6a<br>6b      | Х   | Х  |
|   |   | $\vdash$      | Х   | X  |

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

Schedule E (Form 990 or 990-EZ) 2020

| Schedu | le E (For | rm 99  | 0 or 990- | EZ) 2020                       | COI     | Orau             | 0 1110     | erna      | CIOnai        | . ц   | anguage A             | Cau      | emy 40-2254500 Page |
|--------|-----------|--------|-----------|--------------------------------|---------|------------------|------------|-----------|---------------|-------|-----------------------|----------|---------------------|
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### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Colorado International Language Academy

**Employer identification number** 46-2254568

Form 990, Part I, Line 1 - Description of Organization's Misson:

Immersion Public Charter School where all students learn in English and their choice of Chinese, Spanish, or German.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Director of Finance and the Board before filing.

Form 990, Part VI, Section B, Line 12c:

Annually each Board member signs a statement which affirms that they received a copy of the conflict of interest policy, has read and understands the policy, agrees to comply with the policy, and understands that the organization must engage primarily in activities which accomplish the organization's tax exempt purposes.

Form 990, Part VI, Section B, Line 15:

Compensation for key employees is determined by the Board and was documented in the meeting minutes.

Form 990, Part VI, Section C, Line 19:

The School makes its governing documents, conflict of interest policy, and financial statements available to the public upon request of the CFO.

Form 990, Part XII, Line 2c:

The finance committee oversees audit services and selection of independent auditors. This has not changed from the prior year.