Form	990
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

artment of the Treasury

Interr	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and	the latest	t information.	Inspection
AF	or th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and	d ending	JUN 30, 2023	
Β	heck if	C Name of organization		D Employer identific	ation number
d	pplicab				
	_Addre	e Colorado International Language Acade	ny		
	Name Chang	Doing business as		46-225456	8
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone number	
	Final	, 303 Austin Bluffs Parkway		719-645-8	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,606,074.
	Amer	cororado springs, co ougro		H(a) Is this a group ret	
	Appli tion pendi	Finance and address of principal officer. Deeth Debioges		for subordinates?	? Yes X No
		same as C above		H(b) Are all subordinates inc	luded? Yes No
<u> </u>]	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 5	If "No," attach a l	ist. See instructions
_	Vebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Ye	ear of formation: 2013 M	State of legal domicile: CO
Pa	art I	Summary	~ 1	1 1 0	
Ð	1	Briefly describe the organization's mission or most significant activities: $\underline{\texttt{See}}$	Schec	lule O	
Governance					
ernä	2	Check this box if the organization discontinued its operations or dispo		1 1	
Š	3				5
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		<u>61</u> 31	
tivit	6	Total number of volunteers (estimate if necessary)			
Act					0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year
		Contributions and grants (Dort)/III line 1b)	F	799,121.	513,166.
an	8	Contributions and grants (Part VIII, line 1h)		2,565,799.	3,020,639.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,901.	62,847.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,323.	9,422.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,371,144.	3,606,074.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		633,972.	1,936,438.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	_	
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,049,005.	1,104,849.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	,		3,041,287.
				1,688,167.	564,787.
or				Beginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)	Γ	3,858,869.	3,915,925.
ASt	21	Total liabilities (Part X, line 26)		6,460,880.	5,953,149.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		-2,602,011.	-2,037,224.
Pa	nrt II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ements, and to the best of my	knowledge and belief, it is
true	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	/hich prepa	rer has any knowledge.	

	O'mentance of all an			Data			
Sign	Signature of officer			Date			
Here	Beth Desloges, President						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check] PTIN		
Paid	Thomas G. Sistare	Thomas G. Sistare	10/27	/23 self-employed	P00356968		
Preparer	Firm's name Hoelting & Compan			Firm's EIN 30	-0514455		
Use Only	Firm's address 31 East Platte Av	enue, Suite 300					
	Colorado Springs,	CO 80903		Phone no. (71	9) 630-1091		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

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Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Provide a rigorous academic program, designed to make the student	
	fluent in English and another major language and culture; provide an	
	academically challenging, content-rich curriculum; develop citizens of	
	good character and discipline.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O.	
•	, ,	
3		10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,522,453. including grants of \$) (Revenue \$ 3,030,061.)
	Operation of Charter School	- '
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2, 522, 453.	
	F	

Form 990 (International	Language	Academy
Part IV	Checklist of R	equired Scheo	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44-1	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
IZd		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
0	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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 Colorado International Language Academy

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
20	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?	0		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с				
	(gambling) winnings to prize winners?	1c		X

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Na	
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No	
Zu	filed for the calendar year ending with or within the year covered by this return 2a 61				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х		
	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 O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			37	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50			
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
-	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
9 h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 				
8					
-	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
11	Section 501(c)(12) organizations. Enter:				
a h	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	1			
b	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b	-			
	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x	
	excess parachute payment(s) during the year?	15		- 23	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes " complete Form 6069.				

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	5	의		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		_	-		
b	Enter the number of voting members included on line 1a, above, who are independent			끽		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		<u>X</u>
5						<u>x</u> x
6	o					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					v
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
~	persons other than the governing body?			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0	v	
a	The governing body?			<u>8a</u>	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Δ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	165	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			104		
D				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,	e ning the form.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>					
-	on Schedule O how this was done	,		12c	x	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approv.					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explai		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
	Business Manager - 719-645-8063					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
C	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average hours per	box	not c , unle:	heck ss per	more rson i	I than o s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Cami Bremer	1.00									_
Vice President		х		х				0.	0.	0.
(2) Beth Desloges	2.00									•
President	1 00	Х		X				0.	0.	0.
(3) Tom Strand	1.00	37		3.7				_		•
Treasurer (4) Joseph Burns	1.00	Х		Х		-		0.	0.	0.
(4) Joseph Burns Secretary	L.00	x		x				0.	0.	0.
(5) Mary Hanson	1.00	~		^				0.	0.	0.
Member	1.00	x						0.	0.	0.
		-								
		-								

Form 990 (2022) Colorado	Interna	ti	on	a1	L	an	gu	age Academy	46-2254	1568	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	st C		· · ·		<u>(F)</u>
(A) Name and title	(B) Average hours per week	box,	not cl , unles	Pos heck i ss per	more rson i	than of than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estir amo	(F) mated punt of ther
	(list any hours for related organizations below	Individual trustee or director	institutional trustee	er	Key em ployee	Highest compensated employee	ler	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fror orgar and i	ensation m the nization related izations
	line)	Indiv	Instit	Officer	Key e	High empl	Former				
										<u> </u>	
										1	
										+	
1b Subtotal								0.	0.	.	0.
c Total from continuation sheets to Part V	I, Section A							0.	0.		0.
d Total (add lines 1b and 1c)2Total number of individuals (including but r										<u>'</u>	
compensation from the organization										Y	() (es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		,	,	•	,	,	0	, , , ,	,	3	x
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	4	X
5 Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or indivi	dual for services		
rendered to the organization? <i>If "Yes." con</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch į	oers	on .				5	X
1 Complete this table for your five highest co the organization. Report compensation for										ation from	l
(A) Name and business			ONE					(B) Description of s		(C) Compens	
							_				
• Total number of independent contraction (poluding but	. + 11	oiter	1+0	the		tod		ara than		
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	JL IIN	ntec	1 (0)	thos (-	rea	abovej who received m			

	1 990 (o Into	ernational	l Language	Academy	46-2254	568 Page 9
Pa	rt VII								
		Check if Schedule O	contains a	a response	e or note to any lin		(D)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
ărai our	b	Membership dues		1b					
Am O	С	Fundraising events		1c					
ar Gift	d	Related organizations .		1d					
s, in	е	Government grants (contr	ributions)	1e	512,266.				
r is S	f	All other contributions, gifts,	grants, and	4					
ibu		similar amounts not included	above	1f	900.				
dt	g	Noncash contributions included in	lines 1a-1f	1g \$					
<u>ы С</u>	h	Total. Add lines 1a-1f		<u></u>		513,166.			
					Business Code				
e	2 a	Pupil funding					2,721,730.		
evi	b	District Mill			611110	248,770.			
Sepue	С	Charges For S	Servic	es	611110	50,139.	50,139.		
Program Service Revenue	d								
ıßо.	е								
۲,	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				3,020,639.			
	3	Investment income (inclue	ding divide	ends, inte	rest, and				
		other similar amounts)				62,847.			62,847.
	4 Income from investment of tax-exempt bond proc				proceeds				
	5	Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>	<u></u>					
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses \dots	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss		<u></u>	·····				
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
venue		and sales expenses							
		Gain or (loss)							
å		Net gain or (loss)			·····				
Other Re	8 a	Gross income from fundraisi	•	· I					
ō		including \$		_					
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses			b				
		Net income or (loss) from		-					
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses			b				
		Net income or (loss) from							
	10 a	Gross sales of inventory,			_				
	-	and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of ir	iventory					
s		Miggollonocur	Dorro	2110	Business Code 611110	0 122	0 1 2 2		
Miscellaneous Revenue	11 a	Miscellaneous				9,422.	9,422.		
llan	b				-				
Sce	C L				-				
Ϊ	d	All other revenue				9,422.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction	<u></u>	<u></u>		3 606 071	3 030 061	0.	62,847.
	14	I ULAL LEVELINE, OFF INSTITUCIO	0115				, , , , , , , , , , , , , , , , , , ,	· · · ·	

ection 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
Check if Schedule O contains a respon				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
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				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,677,100.	1,425,535.	251,565.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	<u>99,779.</u> 133,051.	84,812. 113,093.	14,967. 19,958.	
9 Other employee benefits		113,093.		
0 Payroll taxes	26,508.	22,532.	3,976.	
1 Fees for services (nonemployees):				
a Management				
b Legal	4,438.		4,438.	
c Accounting	8,686.		8,686.	
d Lobbying				
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 0.)	67,867.		67,867.	
2 Advertising and promotion	24,708.	21,002.	3,706.	
3 Office expenses	2,857.	2,428.	429.	
4 Information technology	9,251.	7,863.	1,388.	
5 Royalties				
6 Occupancy	104,944.	89,202.	15,742.	
7 Travel	28,765.	24,450.	4,315.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest	76,460.		76,460.	
1 Payments to affiliates	0-1			
2 Depreciation, depletion, and amortization	371,849.	371,849.		
3 Insurance	37,288.	31,695.	5,593.	
4 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.)				
a Educational Services	131,366.	111,661.	19,705.	
b Instructional Supplies	98,296.	98,296.		
c Purchased Services	83,488.	70,965.	12,523.	
d Non Capital Equipment	30,569.	25,984.	4,585.	
e All other expenses	24,017.	21,086.	2,931.	
5 Total functional expenses. Add lines 1 through 24e	3,041,287.	2,522,453.	518,834.	
6 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)				

	Colorado	International	Language	Academy
Sheet				

. .

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,675,609.	1	1,823,605.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			7,688.	3	31,991.
	4	Accounts receivable, net			45,957.	4	43,161.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ins		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	40.00
◄	9	Prepaid expenses and deferred charges	4,582.	9	42,697.		
	10a	Land, buildings, and equipment: cost or other		1 000 000			
		basis. Complete Part VI of Schedule D		1,896,300.	1 400 550		1 1 4 2 0 2 5
		Less: accumulated depreciation	· · · ·	752,465.	1,498,558.	10c	1,143,835.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	626,475.	14	830,636.		
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa			3,858,869.	15 16	3,915,925.
	17	Accounts payable and accrued expenses			165,508.	17	119,658.
	18	Grants payable	100,000	18	115,0501		
	19	Deferred revenue	1,380.	19	934.		
	20	Tax-exempt bond liabilities		_,	20		
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties	1,529,200.	24	1,204,245.
	25	Other liabilities (including federal income tax, page	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			4,764,792.	25	4,628,312. 5,953,149.
	26	Total liabilities. Add lines 17 through 25			6,460,880.	26	5,953,149.
<i>(</i> 0		Organizations that follow FASB ASC 958, che	ck here				
ICes		and complete lines 27, 28, 32, and 33.			0 600 011		0 1 4 0 0 0 4
alan	27	Net assets without donor restrictions	-2,687,011.	27	-2,142,224.		
B	28	Net assets with donor restrictions		85,000.	28	105,000.	
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
ъ		and complete lines 29 through 33.					
ets e	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	· · · · · · · · · · · · · · · · · · ·
et A	31	Retained earnings, endowment, accumulated inc		F	-2,602,011.	31	-2,037,224.
ž	32	Total net assets or fund balances			3,858,869.	32	3,915,925.
	33	Total liabilities and net assets/fund balances			5,050,009.	33	[3, 910, 920]

Form 990 (2022)

Part X Balance S

Form	990	(2022)
1 01111	000	

Form	1990 (2022) Colorado International Language Academy	46-22	254568	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,606		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,041		
3	Revenue less expenses. Subtract line 2 from line 1	3	564		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,602	,01	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-2,037	, 22	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service Name of the organization			Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047							
Nan	ne of t	-	Colo	rado Interi	national Lang	guage	Acade	emy	4	dentification number $6-2254568$		
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The 1 2 3 4	organ	A church, cor A school des A hospital or	nvention of chi cribed in sect i a cooperative search organiza	urches, or associatio i on 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1 990).) ection 170	on 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,		
5		•	-	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6			-	-	nental unit described in							
7		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	\square	•		• •	(1)(A)(vi). (Complete Parl	: II.)						
9		-			in section 170(b)(1)(A)(i		ed in conju	inction with a	land-grant	college		
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:										
10		-		•	than 33 1/3% of its supp				-	•		
					t to certain exceptions; a (less section 511 tax) fro							
				mplete Part III.)	(1000 00011011 011 1029 110		eee acqui		,			
11				-	vely to test for public sat	ety. See	section 50)9(a)(4).				
12		-	-		vely for the benefit of, to	-			-			
					d in section 509(a)(1) o					Check the box on		
		7	•		f supporting organization				-			
а					upervised, or controlled gularly appoint or elect a	• • • •	-					
			-	complete Part IV, Se		indjointy c				pporting		
b		7 -			or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		¬ ~	. ,	t complete Part IV,								
с					g organization operated				ly integrate	ed with,		
d			U	()()	 You must complete F porting organization oper 				tod organi	zation(c)		
u		••	-	• •	ation generally must sati				Ŭ,			
				•	nplete Part IV, Sections			•				
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	r integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.					
f		er the number	••	•								
<u> g</u>		i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other		
	-	organization	I		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see i	nstructions)	support (see instructions)		
										<u> </u>		
Tota	11									1		

Schedule A (Form 990) 2022 Colorado International Language Academy 46-2254568 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 instructio	ons)			12				
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	tion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2022 (I					14	%			
	Public support percentage from 2021					15	%			
16 a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and			
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported c	organization					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is [.]	10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	y supported organia	zation				
18	3 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) 2022

Schedule A (Form 990) 2022 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
č	furnished by a governmental unit to						
	the organization without charge						
6	e e						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2021	Schedule A. Part	III. line 15			16	%
	ction D. Computation of Inves					• •	· · · ·
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	1 33 1/3% support tests - 2022. If the					· · · · · · · · · · · · · · · · · · ·	
195							
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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

1

Schedule A (Form 990) 2022 Colorado International Language Academy 46-2254568 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
1	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
iec	tion B. Type I Supporting Organizations			

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? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> 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	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.	
Section C. Ty	pe II Supporting Organizations	

 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
 1
 1

Section D.	All Type II	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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Yes

2

No

	dule A (Form 990) 2022 Colorado International			46-2254568 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232027 12-09-22

Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	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	es of supported organizations		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 responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2018							
b	Excess from 2019							
C	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Т

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 Colorado International Language Academy 46-2254568 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Department of the Treasury

Internal Revenue Service

(Form	990)
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232051 09-01-22

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.



Name of the organization

Employer identification number Colorado International Language Academy

46-2254568

Pa	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's of	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor of	^r donor advisor, or for any other purpose c	onferring
D -			
Pa			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form o	f a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
a L	Total concerns to the discount of the concerns the second s		01
b		et ve included in (a)	
С с	Number of conservation easements on a certified historic stru Number of conservation easements included in (c) acquired a		<u>2c</u>
d		• • • •	2d
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by the	
U	year	cased, extinguished, or terminated by the	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.	A	<u>.</u>
Pa			her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		^
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat the following amounte required to be reported under EASP A		yanı, provide
~	the following amounts required to be reported under FASB As Revenue included on Form 990, Part VIII, line 1	-	¢
a h	Revenue included on Form 990, Part VIII, line 1Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		
- 1/4			

	dule D (Form 990) 2022 Colorad t III Organizations Maintaining C	o Internat Collections of Ar	ional Lang t, Historical Tr	uage Ac easures, o	ademy r Other S	Similar		54568 (continu	Page ed)	∍2
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t make sign	nificant u	use of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e	e Dther							
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•	•	• •	se in Part	XIII.		
5	During the year, did the organization solicit of							-		
D	to be sold to raise funds rather than to be ma							Yes		No
Par	LIV Escrow and Custodial Arran		ete if the organizati	on answered '	"Yes" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							7.2	┌┐、	
	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:					Amount		—
-								Amount		
	Beginning balance					1c				—
	Additions during the year					1d 1e				
e f	Distributions during the year					1f				
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			_	H'	••
Par										
	·	(a) Current year	(b) Prior year	(c) Two year			/ears back	(e) Four y	ears ba	ck
1a	Beginning of year balance									_
	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administer	red for the			_		
	organization by:								′es N	lo
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	-		•				3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.							
Fai	Complete if the organization answere		Dert IV line 11a	Soo Earm 000	Dort V lin	0 10				
										—
	Description of property	(a) Cost or o basis (investi		st or other s (other)		umulate eciation	a	(d) Book	value	
19	Land	· · · · ·			dopre	- Siation				—
	Buildings		1.8	10,762.	72	24,30	05.	1,086	.457	<u>,</u>
	Leasehold improvements			_ , , , , , , , , , , , , , , , , , , ,				_,	, ,	<u> </u>
	Equipment		5	35,538.	2	28,10	60.	57	,378	3.
	Other			,		.,=				
	Add lines 1a through 1e. (Column (d) must e		X. column (B) line	10c.)				1,143	,835	5.
-				,						_

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives
(1) Financial derivatives (2) Closely held equity interests (2) Closely held equity interests (3) Other (3) Other (4) (B) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(2) Closely held equity interests
(3) Other
(A) (B) (C) (C) (D) (C) (E) (C)
(B) (C) (D) (C) (E) (C)
(C) (C) (D) (C) (E) (C)
(D) (E)
(E)
(F)
(G) (I)
(H) Tetel (Cel (b) must equal Form 000 Part X cel (P) line 12)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value
(1)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)
Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Description (b) Book value
(1) Deferred Outflows of Resources 813,13
(2) Deposits 17,50
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 830,63 Part X Other Liabilities.
Part A Uther Liabuthes.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Deferred Inflows of Resources 901, 38
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Deferred Inflows of Resources 901, 38 (3) Net Pension & OPEB Liabilities 3,726,93
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Deferred Inflows of Resources 901, 36 (3) Net Pension & OPEB Liabilities 3,726,93 (4) (4)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Deferred Inflows of Resources 901, 38 (3) Net Pension & OPEB Liabilities 3,726,93

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

4,628,312. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

	dule D (Form 990) 2022 Colorado International			2254568 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,606,074.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,606,074.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12		3,606,074.	
Do	I VII Decenciliation of Exmanses new Audited Einensiel Ot		aa max Daluw	_
Га	t XII Reconciliation of Expenses per Audited Financial St	atements with Expense	es per Returr	1.
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, li		es per Returr	
Га 1		ne 12a.		3,041,287.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a. 		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	TT	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	TT	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		3,041,287.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	3,041,287.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	3,041,287.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1	3,041,287.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	3,041,287.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d	1	3,041,287. 0. 3,041,287. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1	3,041,287. 0. 3,041,287.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.					2022		
Departr	nent of the Treasury			990 or Form 990-EZ.		Open to			
	Revenue Service		Go to www.irs.gov/Forn	n990 for the latest information.		Inspect			
Name	of the organizatior	า			Employer	identificati	on nui	mber	
		Colorado	International	Language Academy	4	6-2254	568		
Par	tl								
							YES	NO	
1	Does the organizat	tion have a racially no	ondiscriminatory policy towa	rd students by statement in its charte	ır,				
	bylaws, other gove	erning instrument, or i	in a resolution of its governi	ng body?		1	Х		
2	Does the organizat	tion include a stateme	ent of its racially nondiscrim	inatory policy toward students in all it	s brochures,				
	catalogues, and ot	her written communi	cations with the public deali	ng with student admissions, program	s, and scholarshij	ps? 2	Х		
3									
	homepage at all tir	mes during its tax yea	ar in a manner reasonably ex	pected to be noticed by visitors to th	e				
	homepage, or thro	ugh newspaper or br	oadcast media during the p	eriod of solicitation for students, or du	iring the				
	registration period	if it has no solicitatio	n program, in a way that ma	kes the policy known to all parts of th	ie general				
				ain. If you need more space, use Part		3	X		
				request, on our wel	osite and				
	in the stu	udent handb	ook.						
4	0	tion maintain the follo	0						
а							X		
b				nce are awarded on a racially nondisc		4b	X		
С	Copies of all catalo	ogues, brochures, anr		tten communications to the public de	-				
		ssions, programs, and					X		
d	Copies of all mater	rial used by the organ	ization or on its behalf to so	licit contributions?		4d	X		
	If you answered "N	lo" to any of the abov	ve, please explain. If you nee	ed more space, use Part II.					
5	0	,	ace in any way with respect						
								X	
								X	
								X	
		her financial assistand						X	
		es?						X	
								X	
								X	
h						<u>5h</u>		X	
	If you answered "Y	'es" to any of the abo	ove, please explain. If you ne	ed more space, use Part II.					
						_			
				governmental agency?			X		
b				ended?		<u>6b</u>		X	
			or line 6b, explain on Part II.						
7				e requirements of sections 4.01 throu					
			-	c. 2019-22, 2019-22 I.R.B. 1260, cove	-				
	racial nondiscrimin	ation? If "No," explai	n on Part II			7	Х		

Schools

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

Schedule E (Form 990) 2022

OMB No. 1545-0047

SCHEDULE E

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

Line 6 - Explanation of Government Financial Aid:

The School received funding from the State Department of Education.

SCHEDULE O (Form 990)

Name of the organization



Colorado International Language Academy 46-2254568

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

Provide a rigorous academic program, designed to make the student

fluent in English and another major language and culture; provide an

academically challenging, content-rich curriculum; develop citizens of

good character and discipline.

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

Schedule O (Form 990) 2022					Page 2
Name of the organizati	on Golomod	o Totovost	ional Ia		a . d	Employer identification number
	Colorad	o Internat	LIONAL LA	nguage A	cademy	46-2254568
independent	auditors.	This has	not chan	ged from	the prior	year.