V2 CPAs LLC 3116 S Lisbon Way Aurora, CO 80013

May 11, 2021

CSEC BC 4424 Innovation Dr Fort Collins, CO 80525

CSEC BC:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to me as soon as possible.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Sincerely,

Vernon E. Shoup

Filing Instructions							
Prepared for:	Prepared by:						
CSEC BC 4424 Innovation Dr Fort Collins, CO 80525	V2 CPAs LLC 3116 S Lisbon Way Aurora, CO 80013						
it transmitted electronically to the Form 8879-EO to my office. I will	electronic filing. If you wish to have ne IRS, please sign, date, and return then submit the electronic return to of the return to the IRS. Return Form						

IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2019, or fiscal year beginning	JUL	1	, 2019, and ending	JUN	30	, 20 2
r calendar year 2019, or liscal year beginning			, 20 19, and ending	0.014		_ , 20

Department of the Treasury	Do not send to the IRS. Keep for your records.		2013
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
CSEC BC		83-4	354293
Name and title of officer			
JESSIE MATHIS			
PRESIDENT			
Part I Type of F	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 a	n for which you are using this Form 8879-EO and enter the applicable amount, if any, france, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave I	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	997,353.
2a Form 990-EZ check he			
3a Form 1120-POL check	. \square		
4a Form 990-PF check he	. 🗂		
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Part II Declarati	on and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electronic	er, transmitter, or electronic return originator (ERO) to send the organization's return to receipt or reason for rejection of the transmission, (b) the reason for any delay in proceplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organiz titution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial compared to payment of taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal.	essing the re electronic fu ation's feder . Treasury Fi institutions i d resolve iss	eturn or refund, and (c) ands withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one I	pox only		
X I authorize V2	CPAS LLC	to enter m	y PIN 18610
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed with enter my PIN on As an officer of the indicated within to program, I will er	on the organization's tax year 2019 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2019 within the return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.	thorize the a electronical rities as part	at a copy of the return forementioned ERO to ly filed return. If I have
Officer's signature -	Date ▶		
Part III Certification	tion and Authentication		
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 84318080015 Do not enter all zeros		
•	neric entry is my PIN, which is my signature on the 2019 electronically filed return for the g this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me s Returns.	-	
ERO's signature	Date ▶		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning JU	JL 1, 2019 and	ending -	<u>JUN 30, 2020</u>	<u> </u>					
	heck if pplicable	C Name of organization			D Employer identif	ication number					
X	Addres	CSEC BC									
	Name change	Doing business as			83-4354293						
	Initial return Final	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone number 719-528-						
	return/ termin- ated	4424 INNOVATION DR									
	ated ∃Amend	, , , , , , , , , , , , , , , , , , , ,	IP or foreign postal code		G Gross receipts \$	997,353.					
	_return ∏Applica	FORT COLLING, CO 60323	TE MADUTO		H(a) Is this a group return						
	⊥tion pendin	F Name and address of principal officer: O 110 1		0525	for subordinate	·····= =					
_		9 4424 INNOVATION DR, FORT	. —	0525	H(b) Are all subordinates						
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW • COLORADOEARLYCOLLEGES • ORG H(c) Group exemption number ▶											
				T	H(c) Group exemption						
	orm of		ociation Other	L Year	of formation: 2019	M State of legal domicile: CO					
Г		Summary		DOTTER	I IITOII OIIATT						
é		Briefly describe the organization's mission or most s									
Governance		EDUCATION FACILITIES TO ST									
ern		Check this box if the organization discontinuous formula to the continuous formula to the conti			I _	1					
હુ		Number of voting members of the governing body (F			3	4					
		Number of independent voting members of the gove				0					
ies		Total number of individuals employed in calendar ye				0					
Activities &		Total number of volunteers (estimate if necessary)				+					
Ac		Total unrelated business revenue from Part VIII, colu									
_	D	Net unrelated business taxable income from Form 9	90-1, lifte 39			Current Year					
	8	Contributions and grants (Part VIII line 1b)			Prior Year	+					
ne					2,510,282.						
Revenue		Program service revenue (Part VIII, line 2g)	and 7d\		45,495.						
Re					41,652,788.						
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
		Grants and similar amounts paid (Part IX, column (A			44,208,565.						
		Benefits paid to or for members (Part IX, column (A),		0.							
		Salaries, other compensation, employee benefits (Pa			0.						
Expenses		Professional fundraising fees (Part IX, column (A), lin			0.						
ben		Total fundraising expenses (Part IX, column (D), line		^							
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d,			45,486,057.	1,469,066.					
		Total expenses. Add lines 13-17 (must equal Part IX			45,486,057.						
		Revenue less expenses. Subtract line 18 from line 1			-1,277,492.						
or es		,		Ве	eginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			12,893,583.	12,408,512.					
Ass J Ba	21	Total liabilities (Part X, line 26)			15,649,201.						
Net	22	Net assets or fund balances. Subtract line 21 from li	ne 20		-2,755,618.	-3,227,330.					
Pa	ırt II	Signature Block									
Unde	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						
Sign	า	Signature of officer			Date						
Her	е	JESSIE MATHIS, PRESIDEN	<u>T</u>								
		Type or print name and title			Data	DTIN					
		7' ' '	Preparer's signature		Date Check if	PTIN					
Paid		VERNON E. SHOUP			self-emplo						
Prep		Firm's name V2 CPAS LLC	•		Firm's EIN ▶	84-3820094					
Use	uпіу	Firm's address 3116 S LISBON WAY AURORA, CO 80013			p	13 060 5006					
N 4 ~ ·	+60 !"	AURURA, CO 60013	o? (ago instructions)		Phone no. 3 C	03.960.5006 Yes No					
IVIAV	in ite it	io diaduaa mia renditi wiiti me drebarer snown abov	er isee manuchons)			TES INO					

CSEC BC 83-4354293 Page **2** Form 990 (2019)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	TO PROVIDE HIGH QUALITY EDUCATION FACILITIES TO STUDENTS OF CHAR'	
	SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPER'	
	ORDER TO MAKE SAID PROPERTY AVAILABLE TO THE SCHOOOLS, OTHER NON	PROFIT
	ORGANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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 exp	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 469, 066 • including grants of \$0 • (Revenue \$)	997,353.)
	PROVIDED EDUCATION FACILITIES TO STUDENTS OF COLORADO EARLY COLL	
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
	Other program services (Describe on Schedule O.)	
4d		\
40	(Expenses \$\text{including grants of \$}\text{) (Revenue \$}\text{Total program service expenses ►}\text{1,469,066.})
<u>4e</u>	Total program service expenses ► 1,469,066.	Form 990 (2019)
		(2019)

83-4354293 Page **3**

Form 990 (2019) CSEC BC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	<u> </u>		
	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
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_		<u> </u>
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	_X_	
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		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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		<u> </u>
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		X

932003 01-20-20

Form	1 990 (2019) CSEC BC 83-4 Triviological Checklist of Required Schedules (continued)	354293	F	Page
ı uı	Officerial of frequired soffedures (continued)		Vaa	TNA
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· ·	23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			\vdash
·		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			+
		240		+
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^
D	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	051		x
00	Schedule L, Part I	25b		 ^
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%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		┝≏
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% controll			٦.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١,,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		37	
	"Yes," complete Schedule L, Part IV		X	 1
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			١
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	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	<u></u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		

(gambling) winnings to prize winners? 932004 01-20-20

Form **990** (2019)

0

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2019) CSEC BC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 83-4354293 Page 5

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 0 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of fines 1 and 2 as ignester than 250, you may be required to					Yes	No					
b If a least one is reported on line 2a, did the organization lite all required federal employment tax returns? Note if the sum of lines 1 a and 2a is greater than 250, you may be required to e_file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary ear, 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 or organization the foreign country. 5a If "Yes" is there the name of the foreign country. 5a Was the organization a party to a prohibite dat as whether transaction at any time during the tax year? 5b If "Yes" is the fine 5a or 5b, did the organization the forem 888-17. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible from 888-17. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or tax deductible acharitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8822 filed during the year 9c If "Yes," indicate the number of Forms 8822 filed during the year 9b If "Yes," indicate the number of Forms 8822 filed during the year 9b Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for pods and services provided to the payor? 7c If If the organization receive and contribution of underty, to pay premiums on a personal benefit contract? 7c If If the organization receive and contribution or advised through the year 9b Did the organization received a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _effic (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 0								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O db At any time during the calendary 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 or the financial account in a foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). b bit if "Yes," organization have shelter transaction at any time during the tax year? 5a Xx be presentated in a part year or portified tax shelter transaction at any time during the tax year? 5b X b Did any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 10 cas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 6c 2 X b 11 "Yes," did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6c 3 Y organizations that may receive deductible contributions under section 170(c). a bit the organization state in a precise of \$5 made party as a contribution and party for goods and services provided to the payor? 7a Organization state in a precise of \$5 made party as a contribution and party for goods and services provided to the payor? 7b 10 the organization sective any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X organization sective any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 10 the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 10 the organization sective and contribution of case as a required to the organization file from 8880 as requ	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b							
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X							
Sec	tion A. Governing Body and Management											
				Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other										
	officer, director, trustee, or key employee?		2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the											
			. 3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5												
6	Did the organization have members or stockholders?		. 6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app											
	more members of the governing body?		. 7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto											
	persons other than the governing body?		. 7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?		. 8a	Х								
b	Each committee with authority to act on behalf of the governing body?			Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)										
		,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a	ı	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such cha											
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Ye$	s," describe										
	in Schedule O how this was done		. 120	:								
13	Did the organization have a written whistleblower policy?		. 13		X							
14	Did the organization have a written document retention and destruction policy?		14		X							
15	Did the process for determining compensation of the following persons include a review and approval	by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official		15a	ı	X							
b	Other officers or key employees of the organization		. 15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a										
	taxable entity during the year?		. 16a	1	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	zation's										
	exempt status with respect to such arrangements?		. 16b									
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(c)(3)s only) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request X Other (explain of	on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy,	and fina	ncial								
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records										
	CAMERON MASCOLL, CFO - 917-710-0277											
	4424 INNOVATION DR, FORT COLLINS, CO 80525											

Form 990 (2019) CSEC BC 83-4354293 Page 7

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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any	-	_				T	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trust	nal tr		oyee	om e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSIE MATHIS	line) 2 • 0 0	i i	Si .	#0	Ş.	:£, £	윤			
PRESIDENT		х		х				0.	0.	0
(2) DAN EDWARDS	2.00	25		25				•	•	
VICE PRESIDENT		x		x				0.	0.	0
(3) ART CYPHERS	2.00									-
SECRETARY	0.00	Х		Х				0.	0.	0
(4) JOHN LOVELL	2.00	1						_		
DIRECTOR	0.00	Х						0.	0.	0
		4								
			\vdash							
		1								
		Ī								
		4								
			_							
		1								
		1								
		1								
		<u> </u>								
		4								
		-	_			\vdash				
		1								
		1								

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Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	/da		Pos				Reportable	Reportable	ا د	Es	timate	ed
		hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensation	on	an	nount (of
		week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	d		other	
		(list any	ector						the	organizatior		com	pensa	tion
		hours for	or dir	a.			ated		organization	(W-2/1099-MI	SC)		om the	
		related	stee	truste			bens		(W-2/1099-MISC)				anizati	
		organizations below	ıal tru	onal 1		oloye	5 a						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			드	드	5	- X	= E	요						
1b	Subtotal							ightharpoons	0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•	dual for services				
	rendered to the organization? If "Yes." com	plete Schedule	Jf	or sı	ıch ı	oers	on .					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address	NTC	ONE	,				(B) Description of s	ervices	ر ا	(C	;) nsatior	า
	rame and business	444,000	TAC)INI				_	2 dodniption of d	01 11000	\vdash	ОПРО	1001101	•
								\dashv						
											<u> </u>			
2	Total number of independent contractors (in		ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation					,						000	

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Form 990 (2019) CSEC BC
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
anta				-			
ij g				-			
fts, Ar		9		-			
Contributions, Gifts, Grants and Other Similar Amounts				-			
ns, Sim		Government grants (contributions)		-			
utio er (1	All other contributions, gifts, grants, and					
5 된		similar amounts not included above 1f		-			
ont od (Noncash contributions included in lines 1a-1f					
<u>0 g</u>		Total. Add lines 1a-1f					
			Business Code	1 1 2 4 2 4 2	1 1 1 1 1 1 1		
e S	2 8	FACILITY RENTAL	531120	1,104,340.	1,104,340.		
e <u>v</u> i	ı						
S	(·					
am		i					
Program Service Revenue	(•					
P	1	All other program service revenue					
		Total. Add lines 2a-2f		1,104,340.			
	3	Investment income (including dividends, interes					
		other similar amounts)		44,658.	44,658.		
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c		-			
		A Not rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,		(ii) Other	-			
		assets other than inventory 7a		-			
•		Less: cost or other basis					
her Revenue		and sales expenses		-			
eve		Gain or (loss)					
Æ		l Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a		-			
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 ;	Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	D Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	>				
			Business Code				
snc	11 :	TRANSFERS NETWORK SCHO	531120	-151,645.	-151,645.		
Miscellaneous Revenue	i						
ella vei							
isc.	Ì	All other revenue					
Σ	Ì	• Total. Add lines 11a-11d		-151,645.			
	12	Total revenue. See instructions		997,353.	997,353.	0.	0.

Form 990 (2019) CSEC BC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
	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		•	Ğ İ	
	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion				
12 13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	915,919.	915,919.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	383,913.	383,913.		
23	Insurance				
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.)	1 - 1 - 1 - 1	1-1-1-1		
а	CAPITAL OUTLAY	151,182.	151,182.		
b	BANK SERVICE FEES	11,385.	11,385.		
С	BOND ISSUANCE COSTS	6,667.	6,667.		
d					
е	All other expenses	1 460 066	1 460 066	•	^
25	Total functional expenses. Add lines 1 through 24e	1,469,066.	1,469,066.	0.	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 fifollowing SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

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CSEC BC

Form 990 (2019) Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			107,578.	1	1,644,298
	2	Savings and temporary cash investments			3,290,762.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
Ę.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		10 610 500			
		basis. Complete Part VI of Schedule D	10a	12,610,522.	0 061 405		10 200 110
		Less: accumulated depreciation			9,061,497.	10c	10,370,112
	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		Г		13	
	14	Intangible assets			122 716	14	204 100
	15	Other assets. See Part IV, line 11			433,746.	15	394,102 12,408,512
+	16	Total assets. Add lines 1 through 15 (must equa			12,893,583. 418,553.	16	14,400,512
	17	Accounts payable and accrued expenses			410,333.	17	
	18 19	Grants payable			18 19		
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or former				21	
ties	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
림	23	Secured mortgages and notes payable to unrelate			15,030,000.	23	15,030,000
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		1			
		of Schedule D	•		200,648.	25	605,842
	26	Total liabilities. Add lines 17 through 25			15,649,201.		15,635,842
		Organizations that follow FASB ASC 958, chec					
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			-2,755,618.	27	-3,227,330
Ba	28	Net assets with donor restrictions				28	
<u>₽</u>		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 🗌			
편		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		L	-2,755,618.	32	-3,227,330
	33	Total liabilities and net assets/fund balances			12,893,583.	33	12,408,512

Form 990 (2019) CSEC BC 83-4354293 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>7,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,46		
3	Revenue less expenses. Subtract line 2 from line 1	3	-47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,75	5,6	<u> 18.</u>
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	-3,22	7,3	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D .			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number CSEC BC
Public Charity Status 83-4354293

raiti	neason for Public	onanty Status (A	All organizations must co	ompiete th	is paπ.) Se	e instructions.		
he orga	nization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1 🔲	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name),
	city, and state:	•					•	
5	An organization operated for section 170(b)(1)(A)(iv).		lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in	
6	A federal, state, or local go		ontal unit described in	coction 17	70/6\/4\/ A \/	(v)		
7							aublic described in	
,	An organization that norma section 170(b)(1)(A)(vi). (C	•	iliai part of its support ii	om a gove	emmeman	unit or from the general p	Dublic described in	
• 🗀		. ,	4VAVvi) (Complete Dor	. II \				
8	A community trust describe			•	ad in coniu	unation with a land arout	aallaga	
9 🔛	An agricultural research org	-			-	_	-	
	or university or a non-land-	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
	university:							
10	An organization that norma							
	activities related to its exer	•	•			• •	-	:nt
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ifter June 30, 1975.	
	See section 509(a)(2). (Co	. ,						
11 💹	An organization organized	-	•	•				
12 X	An organization organized	•	•	•		•	•	
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
_	lines 12a through 12d that	* *						
a Σ	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving	
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting	
_	organization. You must o	complete Part IV, Se	ections A and B.					
b L	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ring	
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗆	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)	
	that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the org	·	-					
	functionally integrated, o	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported	• •	, , , , , , , , , , , , , , , , , , , ,				1	
g Pro	vide the following information	n about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	ər
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instruction	ons)
COLOF	RADO EARLY							
COLLE		20-5470086	2	X		1,104,340.		0.
						, ,		
otal .						1.104.340.		0.

09110511 148685 011-05117500

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	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.						
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	_
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				=	_	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		>
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	<u></u> _
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	nization	▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b			
					Scho	dula A (Earm 000	or 990-F7) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		•	•	. , . ,	
<u> </u>	check this box and stop here						>
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u>	Public support percentage from 2018					16	%
	ction D. Computation of Inves			m = 10 1 (m)			
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	n did not chack a	box on line 14, 10	a or 10h chack th	his boy and soo ing	etructions	▶

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	Х	
1	Λ	
2		Х
За		X
3b		
0-		
3c		
4a		х
4b		
4c		
5a		X
5b		
5c		
6		Х
7		X
8		Х
8		23
9a		Х
9b		X
		v
9c		X
10a		Х
.54		
10b		
	_	

Pal	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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		X
Sec	ction 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	ction 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
		-1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	,).		
b				
c		structions		
2	Activities Test. Answer (a) and (b) below.	structions)	Yes	No
– a			100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - [Distributions			Current Year
1	Amoun	ts paid to supported organizations to accomplish exer	npt purposes		
2	Amoun	ts paid to perform activity that directly furthers exemp	t purposes of supported		
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	listributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	utions to attentive supported organizations to which th	e organization is responsive		
	(provide	e details in Part VI). See instructions.			
9	Distribu	utable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	utable amount for 2019 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2019 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 2	014			
b	From 2	015			
С	From 2	016			
d	From 2	017			
е	From 2	018			
f	Total o	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryo	ver from 2014 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	I to 2019 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4.			
5	Remair	ning underdistributions for years prior to 2019, if			
	any. Su	obtract lines 3g and 4a from line 2. For result greater			
	than ze	ro, explain in Part VI. See instructions.			
6	Remair	ning underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI	. See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakd	own of line 7:			
а	Excess	from 2015			
b	Excess	from 2016			
С	Excess	from 2017			
d	Excess	from 2018			
е	Excess	from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Decide the supplemental English to Death Section 2015				
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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,				
	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.				
	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.)				
	(See instructions.)				
-					

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

CSEC BC

Employer identification number 83-4354293

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	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	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
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 o	r donor advisor, or for any other purpose c	onferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
4	year	rement is leasted	
4 5	Number of states where property subject to conservation eas		
3	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,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rianding of violations, and emotoring consc	sivation datements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
•	▶ \$	9	on casements daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a))) held as:	
а	Board designated or quasi-endowment		%		
b	Permanent endowment	%			
С	Term endowment	_%			
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.			
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	d administered for th	ne organizatior
	by:				
	(i) Unrelated organizations				

	by:		Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Schedule D (Form 990) 2019

h

collection items (check all that apply):

Public exhibition

1a Beginning of year balance

Other expenditures for facilities

Scholarly research

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		12,610,522.	2,240,410.	10,370,112.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	10,370,112.			

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			1001230 Tage 9
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED INTEREST PAYABLE			454,660.
(3) DUE TO COLORADO EARLY COLI	JEGES		151,182.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	605,842.
2. Liability for uncertain tax positions. In Part XIII, provide	,		at reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financia	l Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
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	2c		
d	I Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I. Irt XII Reconciliation of Expenses per Audited Financia	ine 12.)	nor Poturn	
Га			per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a				
b				
C				
d	, , , , , , , , , , , , , , , , , , , ,		0.	
e				
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a				
b C			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			
	irt XIII Supplemental Information.	. IIIIe 16. <i>j</i>		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines 1b and 2b: Part \	/. line 4: Part X. line 2: Part X	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	,	.,,,	,
		,		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the	organization
-------------	--------------

CSEC BC

Employer identification number

83-4354293

Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organizations only).		•						
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.										
1 (b) Relationship between disqualified										
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No						
2 Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under								
section 4958		> \$								
3 Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organizat	tion								
Part II Loans to and/or Fron	n Interested Persons.									
Complete if the organization	Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization									

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose interested person with organization of loan (b) Relationship of loan (c) Purpose of loan (c) Pu

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	by bo	proved ard or ittee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					> ¢							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.										
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance						

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
(a) Name of interested person	person and the organization	transaction		òrganiz rever	
COLORADO BADIA COLLEGEO	COMMON DOADD OF DID	1 104 240	DIIII DING I E	Yes	No
COLORADO EARLY COLLEGES	COMMON BOARD OF DIR	1,104,340.	BOILDING TE		Х
Provide additional information for rest	ponses to questions on Schedule L (see i	nstructions)	1		
SCH L, PART IV, BUSINESS			D PERSONS.		
		O INTERCEPT	ID I HROOMS:		
		ODGANICATI	· · · · · · · · · · · · · · · · · · ·		
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	LON:		
COMMON BOARD OF DIRECTORS					
(D) DESCRIPTION OF TRANSAC	CTION: BUILDING LEASE	REVENUE			
SCHEDULE L PART V					
TWO OF THE BOARD OF DIRECT	TORS ARE ALSO ON THE	BOARD OF D	IRECTORS OF		
COLLEGE EARLY COLLEGES.					

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CSEC BC

Employer identification number 83-4354293

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SAID
PROPERTY AVAILABLE TO THE SCHOOOLS, OTHER NONPROFIT ORGANIZATIONS AND
FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN PROMOTING HIGH QUALITY
CHARTER SCHOOL EDUCATION GENERALLY AS A SECONDARY AND INFREQUENT
ACTIVITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING HIGH QUALITY CHARTER SCHOOL EDUCATION GENERALLY AS A
SECONDARY AND INFREQUENT ACTIVITY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 TAX RETURN WAS REVIEWED BY THE CFO AND BOARD PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 18:
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

CSEC BC

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2019 Open to Pub

Employer identification number

Schedule R (Form 990) 2019

83-4354293

Open to Public Inspection

OMB No. 1545-0047

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total inco	pme End-of-year		(f) Direct controlling entity	
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34,	because it had one	or more related tax-	xempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont en	g) 512(b)(13) trolled tity?
COLORADO EARLY COLLEGES - 20-5470086				301(0)(3))		Yes	No
4424 INNOVATION DR FORT COLLINS, CO 80525		COLORADO					Х
	-						
	-						
	-						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Organizations treated as a partitioning the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	ю
-										\vdash	
							<u> </u>			+	
								<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
-									
	-								

Page 2

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>	
c Gift, grant, or capital contribution from related organization(s)				1c		X	
				1d		X	
e Loans or loan guarantees by related organization(s)				1e		X	
f Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)				1g		X	
				1h		Х	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
I Performance of services or membership or fundraising solicitations for related organ				11		X	
m Performance of services or membership or fundraising solicitations by related organi				1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X	
Sharing of paid employees with related organization(s)				10		X	
p Reimbursement paid to related organization(s) for expenses				1 p		X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
				1r		X	
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered rela	tionships and transaction thresholds.				
(a) Name of related organization	_ (b)	(c)	(d)				
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	ivolved			
	type (a-s)						
" GOLODADO EARLY GOLLEGEG	-	1 104 240 10	AVMENTO DECETTED				
1) COLORADO EARLY COLLEGES	J	1,104,340.	AYMENTS RECEIVED				
2)							
0)							
3)							
4)							
4)							
E)							
5)							
6)							
32163 09-10-19			Schedule	R (Forn	n 990	2019	
05.100 00 10 10	Scriedule	(. 011	555	, 2019			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gener mana partr	ral or aging ner?	(k) Percentage ownership
		332	Sections 3 12-3 14)	Yes No	 33333	Yes	No	(1011111003)	Yes	NO	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print CSEC BC 83-4354293 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4424 INNOVATION DR instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80525 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CAMERON MASCOLL, CFO The books are in the care of ► 4424 INNOVATION DR - FORT COLLINS, CO 80525 Telephone No. ► 917-710-0277 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ____ , and ending <u>JUN</u> 30 , 2020 ► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment