Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

Inter	nal Revenue	e Service		Informati	on about Form 9	90 and its inst	ructions is a	t www	irs.go	v/form99	90.		Inspection
Α	For the 2	2016 calendar	r year, or tax y	ear beg	inning 7/0	01	, 20	16, an	d endir	ng 6	/30	,	2017
_	Check if ap												ication number
	Addre	ss change Co	olorado E	arlv	Colleges	_					46-	08722	71
	-		t. Collin				n				E Telepho		
	\vdash		405 N. Ch				,,,				710	E20_	6062
	-	ICo	olorado S								/19	-528-	.0007
	-	turn/terminated			·							~	
	\vdash	ded return								I	G Gross r		
	Applic	ation pending F	Name and addre	ss of princi	pal officer:					l ' '	is a group retur		
			ame As C	Above						H(b) Are	all subordinates o,' attach a list.	included: see instr	Yes No
I	Tax-exer	mpt status X	501(c)(3)	501(c) () 	nsert no.)	4947(a)(1	or or	527		,	(,
J	Websi	te: ► CSEC	C914.org							H(c) Grou	ıp exemption nı	umber ►	
K	Form of	organization: X	Corporation	Trust	Association	Other ►		L Year	of format	tion: 20	12 M s	State of le	gal domicile: CO
Pa	rt I	Summary		<u></u>	I								
	1 Br	iefly describe	the organizati	on's mis	sion or most	significant a	activities:	200	Scho	dula (<u> </u>		
	_							<u> </u>	<u> </u>	<u>uure</u>			
nce	_												
na	_												
Governance	2 Ch	eck this box	► if the o	rganizat	ion discontinu	ed its opera	ations or d	ispose	d of m	ore than	25% of its	net ass	ets.
			ng members of									3	4
જ	4 Nu	ımber of inde	pendent voting	g membe	ers of the gove	erning body	(Part VI,	line 1b)			4	4
Activities &	5 To	tal number of	individuals er	nployed	in calendar y	ear 2016 (P	art V, Iine	2a)				5	0
tivi	6 To	tal number of	volunteers (e	stimate	if necessary).							6	0
Ac	7a To	tal unrelated	business reve	nue from	n Part VIII, co	lumn (C), lii	ne 12					7a	0.
	b Ne	et unrelated bu	usiness taxabl	e incom	e from Form 9	990-T, line 3	34					7b	0.
											Prior Year		Current Year
•	8 Co	ontributions ar	nd grants (Par	t VIII, Iin	ie 1h)								
nue	9 Pr	ogram service	e revenue (Pai	rt VIII, Iir	ne 2g)						2,735,2	287.	2,430,960.
Revenue	10 Inv	vestment inco	me (Part VIII,	column	(A), lines 3, 4	1, and 7d)						89.	1,736.
Ä	11 Ot	her revenue (Part VIII, colu	mn (A),	lines 5, 6d, 8d	c, 9c, 10c, a	and 11e)						800,000.
	12 To	tal revenue –	- add lines 8 tl	hrough 1	1 (must equa	l Part VIII, d	column (A)	, line	12)		2,739,9	76.	3,232,696.
	13 Gr	ants and simi	lar amounts p	aid (Par	t IX, column ((A), lines 1-3	3)						
	14 Be	enefits paid to	or for member	rs (Part	IX, column (A	A), line 4)							
	15 Sa	laries, other	compensation	, employ	ee benefits (F	Part IX, colu	mn (A), lii	nes 5-	10)				
ses	16a Pr	ofessional fur	ndraising fees	(Part IX	column (A).	line 11e)							
Expenses			•	•		•							
滋			g expenses (P			· · · · · · · · · · · · · · · · · · ·							
_		•	(Part IX, colu	• • •							4,037,2		3,478,663.
			Add lines 13-								4,037,2		3,478,663.
	19 Re	evenue less ex	xpenses. Subt	ract line	18 from line	12				-	-1,297,2	264.	-245,967.
Net Assets or Fund Balances											ning of Currer	t Year	End of Year
sets	20 To	tal assets (Pa	art X, line 16).								36,202,9		44,790,282.
t As d B	21 To	tal liabilities ((Part X, line 26	5)						3	36,666,4	48.	45,499,796.
₽ã	22 Ne	et assets or fu	nd balances.	Subtract	line 21 from	line 20					-463,5	47.	-709,514.
Pa	rt II	Signature	Block									- 1	,
_				nined this re	eturn including ac	companying sch	nedules and s	tatement	ts and to	the hest of	mv knowledae	and helie	f it is true correct and
comp	olete. Decla	ration of preparer	(other than officer)	is based o	n all information of	of which prepare	er has any kno	wledge.	,		,		f, it is true, correct, and
Sig	ın	Signature of	of officer								Date		
He	re	Jessi	e Mathis							Pre	sident		
	. •		nt name and title							116	STUCITE		
		Print/Type prep	arer's name		Preparer's sig	nature		Da	ate		Check	K if F	PTIN
Г,					.,	•							
Pai			gan, CPA	3 7							self-employ	eu E	201674082
rre	eparer	Firm's name			ssociates								
US	e Only	Firm's address			Club Rd #	K6-132							4703316
			Aurora	, CO 8	30016						Phone no.	303-	835-6815

May the IRS discuss this return with the preparer shown above? (see instructions).....

X Yes

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

Form 990 (2016) Colorado Early Colleges Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) Colorado Early Colleges Part 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....

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲				
			_	Yes	No				
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	. 1 c						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0						
h	of at least one is reported on line 2a, did the organization file all required federal employmen		. 2b						
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in								
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	. 3a		Х				
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		. 3b	1					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a	. 4a		Х				
	If 'Yes,' enter the name of the foreign country: ►	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	. 5a		X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?									
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6a		Х				
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?		. 6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	. 7a		X				
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		. 7b	,					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	. 7c		Х				
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	. 7 e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	. 7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	. 7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	. 8						
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?		. 9 a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per			<u> </u>					
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10 a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b							
11	Section 501(c)(12) organizations. Enter:	<u>.</u>							
а	Gross income from members or shareholders	11 a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	1	. 12a						
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13a						
	Note. See the instructions for additional information the organization must report on Schedu	e O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b							
	Enter the amount of reserves on hand	13 c			37				
	Did the organization receive any payments for indoor tanning services during the tax year?.		14a	1	X				
ΔΛ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O			(2016)				

Form 990 (2016) Colorado Early Colleges -46-0872271 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?....See.Schedule.Q..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Colorado Springs CO 80907 719-955-4685

Keith King 4405 N. Chestnut Street, Ste E

Form 990 ((2016)	Colorado	Early	Colleges	_

46-0872271

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	Pos thar is	s both	(do not check more e box, unless person h an officer and a rector/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jessie Mathis	1									
President	0	Χ		Χ				0.	0.	0.
(2) Dan_ Edwards Vice President	1	Х		Χ				0.	0.	0.
(3) Art Cyphers	_ 1							_	_	_
Secretary	0	Χ		Χ				0.	0.	0.
	1	Х						0.	0.	0.
(5)		21						0.	0.	0.
<u>(6)</u>										
<u>(7)</u>										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 17		rtey		•	_	es, ₍	anc	i nigilest coll	iperisated Emp	loyee	S (conti	nuea)
	(B)			(C	•			(D)	((E)	
(A)	Average hours	box	, unle	ess pe	erson	than	h an	(D) Reportable	(E) Reportable	,	(F) Estimated	
Name and title	per week	offic	cer ar	nd a	direct	or/trus	tee)	compensation from	compensation from	amo	ount of ot ount and ot	her
	(list any hours	Individual or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		from the ganizatio	
	for related	rect	ution	Œ.	emp	est c	ner			а	nd related	t
	organiza - tions below	Individual trustee or director	म् ।		loye	omp					-	
	dotted line)	stee	etsu.		0	ensa						
	iiiic)		O			fed						
(15)												
(16)												
(17)												
(18)												
40												
(19)												
(20)												
(21)												
	1											
(22)												
(23)												
(24)												
(25)												
(25)		-										
1 b Sub-total							•	0.	0.	<u> </u>		0.
c Total from continuation sheets to Part VII, Sect							▶	0.	0.			0.
d Total (add lines 1b and 1c)							▶	0.	0.			0.
2 Total number of individuals (including but not limited	d to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, dire- on line 1a? If 'Yes,' complete Schedule J for sur	ctor, or tru	istee,	key	em/	ploy	/ee,	or h	ighest compensa	ted employee	3		v
										. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	of reportab er than \$1	le co 50.00	mpe	ensa If '\	ation Yes	and <i>con</i>	oth <i>ole</i>	er compensation te Schedule J for	from			
such individual										. 4		X
5 Did any person listed on line 1a receive or accru	ie comper	nșatio	ņ fr	om	any	unre	late	d organization or	individual	_		37
for services rendered to the organization? If 'Ye Section B. Independent Contractors	s, comple	ete So	cnea	iuie	J to	r suc	en p	erson		. 5		X
	nsated ind	epen	dent	t cor	ntra	ctors	tha	t received more t	nan \$100.000 of			
Complete this table for your five highest comper compensation from the organization. Report compe	nsation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year			
(A) Name and business add	trace							(B) Description (of services	Comp	(C) ensatio	m
- Name and business add	11033							Description	or services	ООПР	CHSatio	
2 Total number of independent contractors (including	but not lim	ited to	o the	se I	isted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	n ► 0											

		Check if Schedule O contains a resp	onse or note to any	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns 1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ट ह		Fundraising events					
ŢŞ.							
를 ಪ		Related organizations 1 d					
š, E	е	Government grants (contributions) 1 e					
ខ្លួ	f	All other contributions, gifts, grants, and					
를 다	-	similar amounts not included above 1 f					
ੂ ਰ	q	Noncash contributions included in lines 1a-1f: \$					
뒃	_	Total. Add lines 1a-1f	•				
			Business Code				
ᇎ	2 2	Fooitlity Dontol		2 150 160	2 150 160		
ž		Facitlity Rental	531120	2,159,160.	2,159,160.		
e H	b	<u>CAM Rental Income</u>	531120	271,800.	271,800.		
₹.	С						
Š	d						
Ε	е						
g	f	All other program service revenue					
Program Service Revenue	q	Total. Add lines 2a-2f		2,430,960.			
	3	Investment income (including dividend		2, 100, 300.			
	3	other similar amounts)		1,736.	1,736.		
	4	Income from investment of tax-exempt	bond proceeds.	1,750.	1,750.		
	5	Royalties	· ·				
	,	(i) Real	(ii) Personal				
	6.	Gross rents	(ii) i cisoriai				
		Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	, u	assets other than inventory					
	D	Less: cost or other basis and sales expenses					
	^	Cain or (loss)					
		Net gain or (loss)					
	a	Net gain or (loss)					
음	8 a	Gross income from fundraising events					
		(not including \$					
Š		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18					
હ	b	Less: direct expenses	b				
ਲੋ	С	Net income or (loss) from fundraising of	events				
_	9.3	Gross income from gaming activities					
	Ja	Gross income from gaming activities. See Part IV, line 19	a				
			b				
		Net income or (loss) from gaming activ					
			71105				
	10 a	Gross sales of inventory, less returns					
	_	and allowances	~				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11 a	Payment from CEC-CS		800,000.	800,000.		
	b					·	
	С						
	d	All other revenue					
	-	Total. Add lines 11a-11d	>	800,000.			
		Total revenue. See instructions	L.		2 222 626	^	^
	12	TOTAL TEVELINE. SEE HISHUCHOHS		3,232,696.	3,232,696.	0.	0.

Form 990 (2016) Colorado Early Colleges Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must comp	lete all columns. All other	organizations must	complete column	(A).
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Do i	Check if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		одрешеее	general expenses	одреносс
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	· ·
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 (non-employees):				
а	Management	72,030.	72,030.		
b	Legal	,	ŕ		
c	: Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties.				
16	Occupancy	94,829.	94,829.		
17	Travel.	31,0231	31/0231		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,884,787.	1,884,787.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,159,183.	1,159,183.		
23	Insurance	25,828.	25,828.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Repairs and Maintenance	139,940.	139,940.		
	Closing Costs and Related Fees	62,135.	62,135.		
	Other	30,902.	30,902.		
C	Professional services	8,846.	8,846.		
e	All other expenses	183.	183.		
25	Total functional expenses. Add lines 1 through 24e	3,478,663.	3,478,663.	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schodule O contains a recognic at Table 15	o opy III	as in this Dart V			П		
		Check if Schedule O contains a response or note to	o arry III	ie in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash — non-interest-bearing			211,102.	1	1,355,439.		
	2	Savings and temporary cash investments			3,407,450.	2	5,064,112.		
	3	Pledges and grants receivable, net			, ,	3	, ,		
	4	Accounts receivable, net			212,042.	4			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated et Part II of Schedule L	officers mploye	s, directors, es. Complete		5			
	6	Loans and other receivables from other disqualified posetion 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6					
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	40,792,185.					
	h	Less: accumulated depreciation		2,421,454.	32,372,307.	10 c	38,370,731.		
	11	Investments – publicly traded securities			32,372,307.	11	30,370,731.		
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11			15				
	16		36,202,901.	16	44,790,282.				
_	17	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses	24,919.	17	329,757.				
	18		ccounts payable and accrued expenses						
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities		<u> </u>		20			
S	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21			
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dire	ectors, trustees,		22			
ij	23	Secured mortgages and notes payable to unrelated th			36,420,000.	23	44,115,000.		
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>	30,420,000.	24	44,113,000.		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			221,529.	25	1,055,039.		
	26	Total liabilities. Add lines 17 through 25			36,666,448.	26	45,499,796.		
s		Organizations that follow SFAS 117 (ASC 958), check he							
Jce	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			_162 E47	27	_700 514		
ıla≀	27	Temporarily restricted net assets.		<u> </u>	-463,547.	28	-709,514.		
B	28	Permanently restricted net assets		<u> </u>		29			
ш	29	Organizations that do not follow SFAS 117 (ASC 958), ch				29			
Net Assets or Fund Balances		and complete lines 30 through 34.	e L						
S	30	Capital stock or trust principal, or current funds				30			
se	31	Paid-in or capital surplus, or land, building, or equipm	nent fun	ıd		31			
As	32	Retained earnings, endowment, accumulated income,	, or othe	er funds		32			
et	33	Total net assets or fund balances			-463,547.	33	-709,514.		
Z	34	Total liabilities and net assets/fund balances			36,202,901.	34	44,790,282.		

Form **990** (2016) BAA

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	3,2	32,6	596.
2	Total expenses (must equal Part IX, column (A), line 25)	3,4	78,6	663.
3	Revenue less expenses. Subtract line 2 from line 1	-2	45,9	967.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-4	63,5	547.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	-7	09,5	51/1
Pai	rt XII Financial Statements and Reporting		0,,,)14.
. u				П
	Check if Schedule O contains a response or note to any line in this Part XII			
-	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
'	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?	2 b	Χ	
	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			
•	c 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?	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
D A A	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b	000	

BAA Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number

Colorado Early Colleges Ft. Collins Building Corporation 46-0872271 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No Colorado Springs Early Colleges 20-5470086 (A) school 2,150,570. (B) (C) (D) (E) Total 2,150,570.

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

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

Sec	tion A. Public Support				•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	16 (line 6, colum	n (f) divided by li	ne 11, column (f))	D	14	%
15	Public support percentage from 2	2015 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2016. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the lolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2015. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part '	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part 'ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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

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

Sec	tion A. Public Support		prodes semprete :	<u> </u>			
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		I		T		
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	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.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				96
	Public support percentage from 2					16	0/0
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage fr					<u> </u>	olo
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. The	e organization qu	ualifies as a public	ly supported organ	ization ►

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

			Yes	No
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.	1	Х	
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	ı	Λ	
	described in section 509(a)(1) or (2).	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		Х
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.	3b		
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.	3с		
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.	4a		Х
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.	4b		
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.	4c		
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	E-		X
	amendment to the organizing document).	5a		Λ
D	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		X
_	7 /			71
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		X
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).	8		Х
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 .	9a		Х
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 .	9b		X
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 .	9c		Х
0 a	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.	10a		Х
b	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	ıva		Λ
	whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		ning body of a supported organization?	11a		X
b	A fan	nily member of a person described in (a) above?	11b		X
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		X
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1	Х	
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		X
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1	Chack	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		the organization satisfied the Activities Test. Complete line 2 below.			
a b	=	the organization satisfied the Activities rest. Complete line 2 below. he organization is the parent of each of its supported organizations. Complete line 3 below.			
	=	he organization is the parent of each of its supported organizations. <i>Complete line's below.</i> he organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i>	nctruc	tions)	
С	□ '	the organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see in	istiuc	110115).	•
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	organ	nization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2016		46-08	72271 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
<u> </u>	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		
Sec	tion 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		

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

Schedule A (Form 990 or 990-EZ) 2016

BAA

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Colorado Early Colleges Ft Collins Ruilding Corporation

	rt. Collins building Colporation	46-0872271
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fur Complete if the organization answered 'Yes' on Form 990, Part IV, line	nds or Accounts. 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 writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	ds can be used only r purpose conferring Yes No
_	•	les livo
'aı	rt II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	. 7
1		
•		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the formulast day of the tax year.	m of a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2a
ı	b Total acreage restricted by conservation easements	2b
(c Number of conservation easements on a certified historic structure included in (a)	2c
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a history	ric
	structure listed in the National Register.	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by to tax year ►	he organization during the
4	Number of states where property subject to conservation easement is located ►	
5		_ ndling of violations,
-	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations.	vation eacements during the year
,	>\$	valion easements during the year
8	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	nse statement, and balance sheet, and describes the organization's accounting for
aı	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	8.
1 8	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve art, historical treasures, or other similar assets held for public exhibition, education, or research in fu in Part XIII, the text of the footnote to its financial statements that describes these items.	
ı	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finan amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ncial gain, provide the following
i	a Revenue included on Form 990, Part VIII, line 1	
	Accests included in Form 990, Part Y	▶ \$

Part III Organizations Maintaining Col	iections of Art, Histo	ricai i reasures, or	Other Similar Ass	ets (continuea)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that are	e a significant use of its	collection
a Public exhibition	d Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's colle Part XIII.	ctions and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	naintained as part of the o	rganization's collection?		Yes No
Escrow and Custodial Arrange line 9, or reported an amount o	ements. Complete if the name of the name o	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	lian or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:		
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on F			-	Yes No
b If 'Yes,' explain the arrangement in Part XIII	. Check here if the explan	ation has been provided	d on Part XIII	
		107 1 5	000 D 1 1 1 1 1 1	
Part V Endowment Funds. Complete				
(a) Curre	ent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains,				
and losses d Grants or scholarships				
'				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the cur	•	e 1g, column (a)) held a	as:	
a Board designated or quasi-endowment ►	<u> </u>			
b Permanent endowment ▶	8			
c Temporarily restricted endowment	ું જ			
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possession organization by:	on of the organization that a	re held and administered	for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organize	ations listed as required o	on Schedule R?		. 3b
4 Describe in Part XIII the intended uses of th	e organization's endowme	ent funds.		
Part VI Land, Buildings, and Equipme	nt.			
Complete if the organization an	swered 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	0, 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
1 a Land				
b Buildings		34,775,464.	2,421,454.	32,354,010
c Leasehold improvements				
d Equipment				
e Other		6,016,721.		6,016,721
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o			38,370,731
ΒΔΔ			Schodi	ule D (Form 990) 2016

Part VII Investments — Other Securities. Complete if the organization answered 'Y	/es! on Form 990	N/A N Part IV line 11h See Form 990	Dart V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	
(1) Financial derivatives	(2) Doon runus	(b) modica of valuations cost of one of ye	our market value
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.	, , <u> </u>	N/A	
Complete if the organization answered 'Y), Part IV, line 11c. See Form 990), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.	N/A		
Complete if the organization answered 'Y), Part IV, line 11d. See Form 990	
(a) Descr	iption		(b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)		
Part X Other Liabilities.	000 B 1 W 1: 1:	116 O F 000 D 1 V I' 0F	
Complete if the organization answered 'Yes' on Forr (a) Description of liability		Te or 11f. See Form 990, Part X, line 25	
(1) Federal income taxes	(b) Book value		
(2) Accrued Interest Payable	1,003,97	q	
(3) Deposits	30,79		
(4) Due to CEC-CS	20,26		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes	sta ta tha araanization'a fir	annual etatamente that reporte the arganization's liel	hility for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
=	
a Donated services and use of facilities	
a Donated services and use of facilities	
a Donated services and use of facilities 2 a b Prior year adjustments 2 b	
a Donated services and use of facilities2ab Prior year adjustments2bc Other losses2c	2 e
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d	2 e 3
a Donated services and use of facilities b Prior year adjustments c Other losses. c Other (Describe in Part XIII.) e Add lines 2a through 2d.	
a Donated services and use of facilities	
a Donated services and use of facilities	3
a Donated services and use of facilities	

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

BAA Schedule **D** (Form 990) 2016

SCHEDULE L (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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

46-0872271

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990.

Name of the organization Colorado Early Colleges Employer identification number Ft. Collins Building Corporation

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corrected?	
1	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 E		the organization managers or disqualified pe			

Loans to and/or From Interested Persons.

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 interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?	
				Yes	No	
(1) Colorado Springs Early Co	Common BOD	2,150,570.	Bldg Lease Revenue		Х	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Supplemental Information

Three of the board of directors are also on the Board of Directors of the Colorado Springs Early Colleges, which paid facility rent to the Colorado Early Colleges - Fort Collins Building Corporation.

SCHEDULE O (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Colorado Early Colleges - Ft. Collins Building Corporation

Employer identification number 46-0872271

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

To provide high quality education facilities to students of charter schools in Colorado through the acquisition and management of property in order to make said property available to the schools, 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 - Organization Mission

To provide high quality education facilities to students of charter schools in Colorado through the acquisition and management of property in order to make said property available to the schools, 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 VI, Line 6 - Explanation of Classes of Members or Shareholder

As defined in the bylaws the CEC-Fort Collins Building Corporation shall have a single member, Colorado Springs Early Colleges, a Colorado public charter school and nonprofit organization.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 was reviewed and compared to the audited financial statements before being filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board adopted a conflict of interest policy that is included in the by-laws of the organizations.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available to the public upon request.

SCHEDULE R (Form 990)

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.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Colorado Early Colleges - Ft. Collins Building Corporation 46-0872271

(a) Name, address, and EIN (if applicable) of disregarded of	(b)		c)	(d) Total income	(e)		(f) ect contro	
Name, address, and EIN (if applicable) of disregarded	entity Primary a	ctivity Legal dom or foreigi	nicile (state n country)	Total income	End-of-year assets	s Dire	ect contro entity	olling
(1)								
(2)								
<u></u>								
(3)								
Part II Identification of Related Tax-Exempt One or more related tax-exempt organization	Prganizations. Complete Zations during the tax ye	if the organizationear.	answered 'Yo	es' on Form 990	, Part IV, line 3	4 becau	ıse it ha	ad
(a)	(b)	1						
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity so (if section 501(co	tatus Direct cor		Sec 512 controlle	g) 2(b)(13) ed entity?
•	Primary activity	Legal domicile (state	Exempt Code	Public charity so (if section 501 (co	tatus Direct con enti		Sec 512 controlle	g) 2(b)(13) ed entity?
(1) Colorado Springs Early Colleges 4435 N Chestnut Street Colorado Springs, CO 80907	Primary activity Lease education facilities from	Legal domicile (state or foreign country)	Exempt Code section	(if section 501(c	c)(3)) enti	ty		No
(1) Colorado Springs Early Colleges 4435 N Chestnut Street Colorado Springs, CO 80907 20-5470086	Primary activity Lease education	Legal domicile (state	Exempt Code	(if section 501(c	c)(3)) enti	ty		1
(1) Colorado Springs Early Colleges 4435 N Chestnut Street Colorado Springs, CO 80907 20-5470086 (2)	Primary activity Lease education facilities from	Legal domicile (state or foreign country)	Exempt Code section	(if section 501(c	c)(3)) enti	ty		No
(1) Colorado Springs Early Colleges 4435 N Chestnut Street Colorado Springs, CO 80907 20-5470086 (2)	Primary activity Lease education facilities from	Legal domicile (state or foreign country)	Exempt Code section	(if section 501(c	c)(3)) enti	ty		No

Part III	Identification of Related Or because it had one or more	ganizations Taxable as a F	Partnership Comple	ete if the organiza	tion answered 'Yes'	on Form 990,	Part IV, line 34
	because it had one of more	related organizations treat	ied as a partnership	during the tax ye	ar.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

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 country)	(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	Sec 512 controlled	(b)(13) d entity?	
		country)	entity	or trust)				Yes	No	
(1)										
(2)										
(3)										
									<u> </u>	

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			1a		X
b Gift, grant, or capital contribution to related organization(s)			1b		X
c Gift, grant, or capital contribution from related organization(s).			1с		X
d Loans or loan guarantees to or for related organization(s).			1 d		Х
e Loans or loan guarantees by related organization(s)			1е		Χ
f Dividends from related organization(s)			1f		Х
g Sale of assets to related organization(s)			1g		X
h Purchase of assets from related organization(s)			1h		Χ
i Exchange of assets with related organization(s)			1i		Χ
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		Х
I Performance of services or membership or fundraising solicitations for related organization(s)					Х
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
o Sharing of paid employees with related organization(s)					X
G channy of paid omployoos marrolation organization(s)					
p Reimbursement paid to related organization(s) for expenses			1р		Х
q Reimbursement paid by related organization(s) for expenses.					X
The moderation paid by related organization(3) for expenses			14		^
r Other transfer of cash or property to related organization(s)			1r		v
s Other transfer of cash or property from related organization(s)					X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover			13		Λ
	(b)	+	(1)	
(a) Name of related organization	Transaction	(c) Amount involved	(c Nethod of d		
	type (a-s)		amount	involv	ed
1) Colorado Springs Early Colleges	j	2,150,570.p	ayment	s re	ec'd
2)					
·					
3)					
٧					
Λ.					
4)					
5)					
6)					
AA TEEA5003L 09/09/16		Schedule	e R (Forn	1 990)	2016

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, unre- lated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>	_												
	_												
	-												
(2)													
	-												
	-												
	1												
(3)													
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<u>(4)</u>													
(4)	_												
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.