V2 CPAs LLC 3116 S Lisbon Way Aurora, CO 80013

May 11, 2021

Fort Collins West School BC 4424 Inovation Dr Fort Collins, CO 80525

Fort Collins West School BC:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

Sincerely,

Vernon E. Shoup

Filing Instructions

Prepared for:	Prepared by:
Fort Collins West School BC 4424 Inovation Dr Fort Collins, CO 80525	V2 CPAs LLC 3116 S Lisbon Way Aurora, CO 80013

2019 FORM 990

Electronic Filing:

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

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	JUL	1	, 2019, and ending	JUN	30	, 20 2
, , , , , , , , , , , , , , , , , , , ,			, ,			- ′ —

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service	•	/Form8879EO for the latest information.		
Name of exempt organization			Employer	identification number
FORT COLLINS	WEST SCHOOL BC		83-4	204094
Name and title of officer				
JESSIE MATHIS				
PRESIDENT				
Part I Type of	Return and Return Information	(Whole Dollars Only)		
		'9-EO and enter the applicable amount, if any,		
whichever is applicable, b		r the return being filed with this form was blan I -0- on the return, then enter -0- on the applica		
than one line in Part I.				
1a Form 990 check here	b Total revenue, if any (F	Form 990, Part VIII, column (A), line 12)	1b	563,106.
2a Form 990-EZ check he		ny (Form 990-EZ, line 9)		
3a Form 1120-POL check		m 1120-POL, line 22)		
4a Form 990-PF check he		estment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here	b Balance Due (Form 88	368, line 3c)	5b	
Part II Declarat	tion and Signature Authorizatio	n of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a	of receipt or reason for rejection of the tra applicable, I authorize the U.S. Treasury a I institution account indicated in the tax p stitution to debit the entry to this account an 2 business days prior to the payment ic payment of taxes to receive confidenti	nator (ERO) to send the organization's return tansmission, (b) the reason for any delay in proand its designated Financial Agent to initiate a preparation software for payment of the organt. To revoke a payment, I must contact the U. (settlement) date. I also authorize the financial information necessary to answer inquiries a my signature for the organization's electronic	ocessing the r n electronic fu lization's fede S. Treasury F al institutions i and resolve iss	eturn or refund, and (c) unds withdrawal (direct ral taxes owed on this inancial Agent at nvolved in the sues related to the
Officer's PIN: check one	-			
X I authorize V2			_ to enter m	-
	ERO fi	irm name		Enter five numbers, bu do not enter all zeros
is being filed wit enter my PIN or	th a state agency(ies) regulating charities the return's disclosure consent screen.	etronically filed return. If I have indicated within as part of the IRS Fed/State program, I also a any signature on the organization's tax year 201	authorize the a	aforementioned ERO to
indicated within		eing filed with a state agency(ies) regulating ch		
Officer's signature		Date ▶		_
Part III Certifica	tion and Authentication			
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	8431808001 Do not enter all zer		
	ng this return in accordance with the requ	ture on the 2019 electronically filed return for t uirements of Pub. 4163, Modernized e-File (N		
ERO's signature ▶		Date >		
		n This Form - See Instructions to the IRS Unless Requested To D	o So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning **JUL 1** 2019 and ending JUN 30

	heck if	C Name of organization		D Employer identifi	cation number						
LA	Addre chang Name			- 02 42040	0.4						
	_]chang □Initial	e Doing business as	D / ''	83-42040 e E Telephone numbe							
	_ return □Final	Number and street (or P.O. box if mail is not delivered to street address) 4424 INOVATION DR	Number and street (or P.O. box if mail is not delivered to street address) Room/suit								
	return⊥ termir			719-528-	563,106.						
	ated □Amen	City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80525		G Gross receipts \$							
	_lreturn □Applio			H(a) Is this a group r							
	tion pendi		0525	for subordinates	·····= =						
				H(b) Are all subordinates i							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of te: WWW • COLORADOEARLYCOLLEGES • ORG	or 52	–	list. (see instructions)						
		organization: X Corporation Trust Association Other ►	I Von	H(c) Group exemptions 2019	M State of legal domicile: CO						
	art I	Summary	L 16a		VI State of legal dominible, CO						
		Briefly describe the organization's mission or most significant activities: TO PI	ROVID	E HIGH OUALT	ΨΥ						
S	'	EDUCATION FACILITIES TO STUDENTS OF CHART									
Governance	2	Check this box if the organization discontinued its operations or dispos									
Ne.	3			١	4						
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4						
∞ ∞	l	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0						
<u>të</u>	6	Total number of volunteers (estimate if necessary)			0						
Activities &				7a	0.						
¥	l	Net unrelated business taxable income from Form 990-T, line 39									
		The difference backing taxable income from the 1, into 60		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		0.	0.						
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	530,640.						
š	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	32,466.						
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	563,106.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	873,269.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	873,269.						
		Revenue less expenses. Subtract line 18 from line 12		0.	-310,163.						
Net Assets or Fund Balances			E	Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		0.	10,673,699.						
TAS PAS PAS	21	Total liabilities (Part X, line 26)		0.	10,983,862.						
		Net assets or fund balances. Subtract line 21 from line 20		0.	-310,163.						
	art II	Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	er nas any knowledge.							
O:	_	Signature of officer		I Date							
Sigi		JESSIE MATHIS, PRESIDENT		Dato							
Her	е	Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check [PTIN						
Paid		VERNON E. SHOUP		if self-emplo							
	arer	Firm's name V2 CPAS LLC			84-3820094						
	Only	Firm's address 3116 S LISBON WAY		THIII 3 LIN							
	J ,	AURORA, CO 80013		Phone no 30	3.960.5006						
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.00	Yes No						

Fai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	21
•	TO PROVIDE HIGH QUALITY EDUCATION FACILITIES TO STUDENTS OF CHA	RTER
	SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPE	
	ORDER TO MAKE SAID PROPERTY AVAILABLE TO THE SCHOOOLS, OTHER NO	
	ORGANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by each of the service and the service accomplishments for each of the service program services, as measured by each of the service program services, as measured by each of the service program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$	563,106.)
44	PROVIDED EDUCATION FACILITIES TO STUDENTS OF COLORADO EARLY COL	
	INOVIDED EDUCATION INCLUSIVED TO DIODENID OF COLOREDO EMELT COL	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 873,269.	
		Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F		
124	Schedule D, Parts XI and XII	12a		X
h		IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	٠		_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		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
		-		-

932003 01-20-20

Form **990** (2019)

Form	1990 (2019) FORT COLLINS WEST SCHOOL BC 83-4	4204094	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-		30		x
31	contributions? If "Yes," complete Schedule M			X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		x
22	Schedule N, Part II	32		125
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
٠.	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1		Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	l		
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		
	<u> </u>		990	(2010)

Form **990** (2019)

Form 990 (2019) FORT COLLINS WEST SCHOOL BC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol	icit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	e payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10)98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Earm	990	(2010)

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

Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 4									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		<u>X</u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
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?									
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7.7						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c		37						
13	Did the organization have a written whistleblower policy?	13		<u>X</u>						
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v						
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>						
O	Other officers or key employees of the organization	15b								
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	וטט								
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	3,								
	Own website Another's website X Upon request X Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAMERON MASCOLL - 9177100277									
	4424 TNNOVATION DR FORT COLLINS CO 80525									

Form **990** (2019)

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

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

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

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

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

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

Form 990 (2019)

	990 (2019) FORT COLI	LINS WES	T	SC	:HO	OL	ιВ	C		83-42	204	94	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week			Average nours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from						(E) Reportable compensation from related		am	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fronga orga and	pensa om the anizati d relate inizatio	e on ed
									0.		0			0
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)						إ	<u> </u>	0.		0. 0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) who	o re	eceived more than \$100,	000 of reportable	•		Yes	0 N o
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
	rendered to the organization? If "Yes," comparison B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y		oensat			
	(A) Name and business	address	NC	NE	3				(B) Description of s	services	С	(C omper		1
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos		ted	above) who received me	ore than				
												Form 9	99 0 ε	2019)

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Chock in Concedir C Contains a response C	or riote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							36000013 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1	Federated campaigns 1a					
ž ou		Membership dues1b					
S, C		Fundraising events 1c					
ij.a		d Related organizations 1d					
S, Eli		e Government grants (contributions)					
S S		All other contributions, gifts, grants, and					
le et		similar amounts not included above 1f					
Ö		Noncash contributions included in lines 1a-1f					
n o							
OB		1 Total. Add lines 1a-1f	Business Code				
		DAGIT TOWN DENIGRAT		F20 640	F20 640		
Se	2	FACILITY RENTAL	531120	530,640.	530,640.		
ēΞ		o					
S Z		·					
a a		d					
Program Service Revenue		•					
Pro		All other program service revenue					
		Total. Add lines 2a-2f	•	530,640.			
	3	Investment income (including dividends, interes		000,000			
	3	other similar amounts)		32,466.	32,466.		
				32,400.	32,1000		
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
o o							
her Revenue		and sales expenses 7b					
Š		Gain or (loss) 7c					
æ		d Net gain or (loss)					
þer	8	a Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	3						
		Part IV, line 19 9a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11	a					
e Te	• •						
la Ven							
Miscellaneous Revenue							<u> </u>
ž		d All other revenue					
		Total. Add lines 11a-11d		F62 106	EC2 100	_	_
	12	Total revenue. See instructions		563,106.	563,106.	0.	- 000
93200	9 01-2	0-20					Form 990 (2019)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 529,182. 529,182. 20 Payments to affiliates _____ 21 321,461. 321,461. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 12,731. 12,731. BOND COSTS OF ISSUANCE 9.895. BANK SERVICE FEES 9,895. С d All other expenses 873,269. 873,269. 0 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	789,677.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	or former o	fficer, director,			
		trustee, key employee, creator or founder, su	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	s		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	9,595,000.			
	b	Less: accumulated depreciation	10b	321,461.	0.	10c	9,273,539
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	610,483		
	16	Total assets. Add lines 1 through 15 (must e	0.	16	10,673,699		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or fo					
Ě		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the	-			22	10 700 000
-	23	Secured mortgages and notes payable to unr				23	10,720,000
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	•	·	0		262 262
		of Schedule D		25	263,862.		
	26	Total liabilities. Add lines 17 through 25			0.	26	10,983,862.
s		Organizations that follow FASB ASC 958, o	heck here	► X			
Ce		and complete lines 27, 28, 32, and 33.					210 162
alar	27	Net assets without donor restrictions				27	-310,163.
B	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC	958, chec	k here 🕨 📖			
ΥF		and complete lines 29 through 33.					
ţţ (29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0.	31	_210 162
ž	32	Total net assets or fund balances				32	-310,163.
	33	Total liabilities and net assets/fund balances			0.	33	10,673,699

Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	0,1	<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-31	0,1	63.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** FORT COLLINS WEST SCHOOL BC 83-4204094 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) COLORADO EARLY 20-5470086 2 530,640 COLLEGES X

Total

0.

530,640

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.)

<u>5e</u> 0	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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.						
_	etion B. Total Support						1
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4			. ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1					
9	Net income from unrelated business	1					
	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						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	J			•	()()	. \square
S0/	organization, check this box and stop	here Per	rcentage				>
	•	•••		. (5)		T 44 T	
	Public support percentage for 2019 (li		•	***		14	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the o					15	%
10a	stop here. The organization qualifies						. —
h	33 1/3% support test - 2018. If the o		-		Uine 15 is 33 1/3%		
IJ	and stop here. The organization quali	-					
172	10% -facts-and-circumstances test						
., a	and if the organization meets the "fact	•					•
	meets the "facts-and-circumstances" t				· · · · · · · · · · · · · · · · · · ·	~	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	•			s
	<u> </u>		,	, , ,		edule A (Form 990	

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box ar						. .
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	Х	
•		
2		Х
3a		Х
3b		
3c		
_		v
4a		X
4b		
4c		
5a		Х
5b		
5c		
6		X
7		Х
8		Х
0		Λ
9a		Х
9b		Х
00		Х
9c		23
10a		Х
10b		

Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.	201.07.07	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	8		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	•			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		ss from 2019			
	_,,000				

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORT COLLINS WEST SCHOOL BC

Employer identification number 83-4204094

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	ollections of A			easures. o	r Othei	r Simila		S (contin		age Z
3	Using the organization's acquisition, accession								- (COITIII	ueu)	
•	collection items (check all that apply):	511, 4114 541151 155515	ao, 0110011	any or the	ionownig tria	t mano o	grimoari	. 400 01 110			
а	Public exhibition d Loan or exchange program										
b	Scholarly research				mange progre						
C	Preservation for future generations	·		Otrici							
4	Provide a description of the organization's co	allections and explai	n how th	ev further th	ne organizatio	nn's even	nnt nurn	ose in Par	YIII		
5	During the year, did the organization solicit o							USE IIII aii	. AIII.		
3	to be sold to raise funds rather than to be ma							Г	Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		1010 11 1110	organizatio	ir anoworda	100 011	. 0 00	,0,1 4,11,			
1a	Is the organization an agent, trustee, custodi		diary for o	contribution	s or other as	sets not i	included				
	on Form 990, Part X?							_	Yes		No
h	If "Yes," explain the arrangement in Part XIII										,
-	, ee, explain the arrangement in a training	aa							Amount		
С	Beginning balance						1c		7		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•]
Par							10.				
	·	(a) Current year	1	rior year	(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance			•							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1ç	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	nd administer	red for th	e organi	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or		. ,	t or other		ccumula	I	(d) Book	c value	Э
		basis (invest	ment)	basis	(other)	de	preciatio	n			
	Land										
	Buildings			9,59	5,000.	ļ	321,4	161.	9,273	5,53	<u> 39.</u>
	Leasehold improvements										
d	Equipment										
е	Other	1									

Schedule D (Form 990) 2019

9,273,539.

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

		IS WEST SCHOOL	BC 83	3-4204094 Page 3
Part V	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Fina	ncial derivatives			
(2) Clos	ely held equity interests			
(3) Othe	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part v	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part I	bl. (b) must equal Form 990, Part X, col. (B) line 13.) X Other Assets.			
Parti		E 000 D 1 N 1 I	44 L O . E	
	Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	CONSTRUCTION IN PROGRESS	Description		610,483.
	CONSTRUCTION IN PROGRESS			010,403.
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
	Solymn (b) must equal Form 990, Part X, col. (B) lin	0.15)		610,483.
Part X	Other Liabilities.	e 15.)		02072000
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25).
1.	(a) Description of liability	,	, ,	(b) Book value
	Federal income taxes			
	ACCRUED INTEREST			263,862.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financia		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		Т	
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:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u></u>	40	
c	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information.	ine 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	rt V line 4: Part X line 2: Part	- XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	,	11 V, 1110 4, 1 art X, 1110 2, 1 art	Λι,
	La aria 15, and 1 art/m, miles La aria 15.7 nee complete the part to provi	as any additional information.		

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Open To Public Inspection

Name of the	organization
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FORT COLLINS WEST SCHOOL BC

Employer identification number

83-4204094

	(b) R	elationship bety		lisquali	fied	, or Form 990-EZ, P				(d)	Correc	cted?
(a) Name of disqualified	person	person and or			(c	(c) Description of transaction			saction			No
										\perp		
! Enter the amount of tax	x incurred by the or	ganization man	agers o	or disq	ualified persons duri	ng the year under						
								> \$				
Enter the amount of tax	x, if any, on line 2, a	above, reimburs	ed by t	the org	anization			\$				
art III I nans to ar	nd/or From Inte	rested Pers	eone									
	nd/or From Inte			00.57	Dark V. Francoon and	000 Deat IV E					_	
Complete if the	e organization answ	ered "Yes" on I	Form 9		Part V, line 38a or F	orm 990, Part IV, lir	ne 26; d	or if the	e orga	nizatio	n	
Complete if the reported an an	e organization answ nount on Form 990,	vered "Yes" on I Part X, line 5, 6	orm 99	2.	·							ritton
Complete if the	e organization answ	ered "Yes" on I	Form 99 6, or 22 (d) Loa from	an to or	Part V, line 38a or F (e) Original principal amount	orm 990, Part IV, lir	ne 26; d (g)	In	(h) App	oroved ard or	(i) W	ritten nent?
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment?
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or	(e) Original		(g)	In	(h) App	oroved ard or	(i) W	mentí
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	mentí
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	ment'
Complete if the reported an an	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose	orm 99 6, or 22 (d) Loa from organiz	an to or the zation?	(e) Original		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	mentí
Complete if the reported an am (a) Name of interested person	e organization answ nount on Form 990, (b) Relationship	rered "Yes" on I Part X, line 5, 6 (c) Purpose of loan	Form 98 6, or 22 (d) Los from organiz To	an to or in the zation? From	(e) Original principal amount		(g) defa	In ult?	(h) App by boo	oroved ard or ittee?	(i) W agreer	mentí

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
= =				

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person					(e) Sha organiz	
	person and the organization		transaction	transaction	reven	
COLORADO EARLY C OLLEGES	COMMON BOARED OF	DI	530,640.	BUILDING LE	162	X
Part V Supplemental Information. Provide additional information for response.	oonses to questions on Schedule L	(see ir	nstructions).			<u> </u>
SCH L, PART IV, BUSINESS T				D PERSONS:		
(A) NAME OF PERSON: COLORA	ADO EARLY C OLLEGE	s				
(B) RELATIONSHIP BETWEEN]	INTERESTED PERSON	AND	ORGANIZATI	ON:		
COMMON BOARED OF DIRECTORS	5					
(D) DESCRIPTION OF TRANSAC	CTION: BUILDING LE	ASE	W REVENUE			
SCHEDULE L PART V						
TWO OF THE BOARD OF DIRECT	ORS ARE ALSO ON I	HE	BOARD OF DI	RECTORS OF		
COLLEGE EARLY COLLEGES.						

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

FORT COLLINS WEST SCHOOL BC

Employer identification number 83-4204094

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

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.

FORT COLLINS WEST SCHOOL BC

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-4204094

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country)		r Total inco	ome End-of-year asse				g
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organization	I on answered "Yes" on Form 990	I), Part IV, line 34, t	ecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
COLORADO EARLY COLLEGES - 20-5470086								
4424 INNOVATION DR FORT COLLINS, CO 80525		COLORADO						х
TONT COLLIND, CO 00323		СОПОКИДО						Λ
	\dashv							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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		tion b)(13) rolled tity?
		country						Yes	No

1a

Page 3

X

Yes No

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

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

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

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

b Gift, g	rant, or capital contribution to related organization(s)				1b		<u> </u>
c Gift, g	rant, or capital contribution from related organization(s)				1c		Х
d Loans					1d		Х
e Loans	or loan guarantees by related organization(s)				1e		Х
f Divide	ends from related organization(s)				1f		X
	of assets to related organization(s)				1g		Х
h Purch	ase of assets from related organization(s)				1h		Х
i Excha	inge of assets with related organization(s)				1i		Х
j Lease	of facilities, equipment, or other assets to related organization(s)				1j	Х	
k Lease	of facilities, equipment, or other assets from related organization(s)				1k		Х
	mance of services or membership or fundraising solicitations for related organ				11		X
m Perfor	mance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n Sharir	ng of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
o Sharir	ng of paid employees with related organization(s)				10		X
p Reimb	oursement paid to related organization(s) for expenses				1 p		X
q Reimb	oursement paid by related organization(s) for expenses				1q		X
r Other	transfer of cash or property to related organization(s)				1r		X
s Other	transfer of cash or property from related organization(s)				1s		X
2 If the	answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved		
1) COLO	RADO EARLY COLLEGES	J	530,640.PA	YMENTS RECEIVED			
2)							
3)							
4)							
_							
5)							
-1							
6)							
32163 09-10-1	9			Schedule	H (Forr	n 990)	2019

Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

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

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 83-4204094 FORT COLLINS WEST SCHOOL BC Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4424 INOVATION DR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80525 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CAMERON MASCOLL The books are in the care of ► 4424 INNOVATION DR - FORT COLLINS, CO 80525 Telephone No. ▶ 9177100277 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 ____ , and ending <u>JUN</u> 30 , 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

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

3b