V2 CPAs LLC 14988 Pepper Pike Drive Parker, CO 80134

January 29, 2022

CSEC BC 4405 N Chestnut Colorado Springs, CO 80907

CSEC BC:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

Sincerely,

Vernon E. Shoup

Filing Instructions

Prepared for:

Prepared by:

CSEC BC 4405 N Chestnut Colorado Springs, CO 80907 V2 CPAs LLC 14988 Pepper Pike Drive Parker, CO 80134

2020 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

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 2	20 21	0000
	Do not send to the IRS. Keep for your records.		2020
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Taxpayer i	dentification number
CSEC BC		83-4	354293
Name and title of officer or pe	rson subject to tax		
JESSIE MATHIS			
PRESIDENT			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on the	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with the 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter applicable line below. Do not complete more than one line in Part I.	this form w ed -0- on th	vas ne
1a Form 990 check here			
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h		-	
5a Form 8868 check here			
6a Form 990-T check he			
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, Part III, line 1)	7b	
	I declare that X I am an officer of the above organization or I am a person subj		-
	, (EIN), rn and accompanying schedules and statements, and, to the best of my knowledge and b		
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to thorize the financial institutions involved in the processing of the electronic payment of tax cessary to answer inquiries and resolve issues related to the payment. I have selected a p as my signature for the electronic return and, if applicable, the consent to electronic fund	ccount. To the payn kes to rece ersonal	prevoke nent vive
X I authorize V2	CDAS LLC		/ PIN 18610
	ERO firm name	to enter my	Enter five numbers, but
			do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a des) regulating charities as part of the IRS Fed/State program, I also authorize the aforement of solutions of the solution of the IRS fed/State program, I also authorize the aforement of the solution of the test of test of the test of the test of the test of the test of test of test of test of the test of the test of the test of test of test of the test of test of test of test of the test of te	ntioned ER on the tax state ager	O to enter my year 2020 ncy(ies)
Signature of officer or person subject	t to tax 🕨	Date	
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 84318080015 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information siness Returns.		
ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	60	
LHA For Paperwork Rec	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

			Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
For	m g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc			s) 2020
		00	Do not enter social security numbers on this form as it	-		
Depa	artment	of the Treasury enue Service	-	Open to Public Inspection		
-			► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2020 and endi		UN 30, 2021	•
	Check if		organization		D Employer identific	ation number
	applicab					
	Addre	cse CSEC	BC			
	Name	e Doing bu	isiness as		83-435429)3
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone number	
	Final returr	4405	N CHESTNUT		719-528-6	5062
	termi ated	n- City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,938,752.
	Amer		RADO SPRINGS, CO 80907		H(a) Is this a group re	turn
	Appli tion		nd address of principal officer: JESSIE MATHIS		for subordinates?	? Yes 🔀 No
	pend	^{ing} 4424	INNOVATION DR, FORT COLLINS, CO 805	25	H(b) Are all subordinates ind	luded? Yes No
		empt status:		527	If "No," attach a l	ist. See instructions
			COLORADOEARLYCOLLEGES.ORG		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ▶	L Year o	of formation: 2019 M	State of legal domicile: CO
Pa	art I	Summary				
đ	1	Briefly describ	e the organization's mission or most significant activities: TO PROV	VIDE	HIGH QUALIT	Y
Governance			ON FACILITIES TO STUDENTS OF CHARTER			
erné	2		if the organization discontinued its operations or disposed of	of more t	1 1	
Š	3		ing members of the governing body (Part VI, line 1a)			4
			ependent voting members of the governing body (Part VI, line 1b)			4
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities &	6		of volunteers (estimate if necessary)			0.
Act	/ a		business revenue from Part VIII, column (C), line 12			0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	
	8	Contributions	and grants (Part VIII, line 1h)			Current Year
Ine	9				1,104,340.	1,103,018.
Revenue	10	•	ce revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)		44,658.	1,643.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-151,645.	1,834,091.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		997,353.	2,938,752.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
ý	45		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
			indraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	. ь		ng expenses (Part IX, column (D), line 25)			
ы	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		1,469,066.	1,383,249.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,469,066.	1,383,249.
	19		expenses. Subtract line 18 from line 12		-471,713.	1,555,503.
or	3				jinning of Current Year	End of Year
Net Assets or	20	Total assets (F	art X, line 16)		12,408,512.	14,370,126.
tAS	21	Total liabilities	(Part X, line 26)		15,635,842.	16,041,953.
			und balances. Subtract line 21 from line 20		-3,227,330.	-1,671,827.
	art II	Signature				
			declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.	
		I N				

	Cignoture of officer			Data						
Sign	Signature of officer			Date						
Here	JESSIE MATHIS, PRESIDE	NT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	VERNON E. SHOUP			self-employed P00220967						
Preparer	Firm's name V2 CPAS LLC			Firm's EIN 84-3820094						
Use Only	Firm's address 14988 PEPPER PIK	E DRIVE								
	PARKER, CO 80134 Phone no. 303.960.5006									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No						
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments [X] Detect Schedule Contains a regence arounds any line in the Part III [X] I birly describe the organization mapsion. [X] TO PROVIDE HIGH QUALITY EDUCATION PACILITIES TO STUDENTS OF CHARTER SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SAID PROPERTY VAILABLE TO THE SCHOOLS, OTHER NORPROFIT OBGANIZATIONS AND POR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN 2 Dot the organization udertains any significant program service during the year which were not listed on the proform 900 e 900 e 27 1 Wei (State constraints undertains any significant changes in how it conducts, any program services? [Ves [X] No 1 Wei (State constraints and allocations to others, he total segmence. [Ves [X] No 1 Wei (State constraints and allocations to others, he total segmence. [Ves [X] No 1 Wei (State constraints and allocations to others, he total segmence. [Ves [X] No 1 Wei (State constraints and allocations to others, he total segmence. [Ves [X] No 1 Wei (State constraints and allocations to others. [Ves [X] No 1 Wei (State constraints and allocations to others. [Ves [X] No 1 Wei (State constraints and allocations to others. [Ves [X] No 1 Wei (State constraints and allocations to others. [Ves [X] No [Cate	Form	990 (2020) CSEC BC 83-4354293 Page 2
Berley describe the organization's mission: TO PROVIDE HIGH QUALITY EDUCATION PACILITIES TO STUDENTS OF CHARTER SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SAID PROPERTY VANILABLE TO THE SCHOOLS. OTHER NONPROFIT ObgANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN 2 Od the organization underlaw any significant program services during the year which were not listed on the prof Form 500 e06-27 1" *at, "excitation cesse conducting, or make significant changes in how it conducts, any program services, and measured by oppreses. Section 501(6)(3) and 501(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each of the three largest program services, as measured by oppreses. Section 501(6)(3) and 501(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenue, if any is chashing provide 4 40 (Code	Par	
 Beinky describe the argumatation a mission: TO PROVIDE HIGH QUALITY EDUCATION FACILITIES TO STUDENTS OF CHARTER SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SATD PROPERTY VANIALABLE TO THE SCHOOLS, OTHER NORPROFIT ORGANIZATIONS AND POR PROPIT ENTITIES. IT MAY ALSO ENGAGE IN 2 Did the organization undertake any significant program envices during the year which were not listed on the prior form 900 or 900 cf 27 mill "rest, describe these intry services on Schoolde O. H" rest, describe these intry services on Schoolde O. H" rest, describe the environment of the services on the environment of prior services, as measured by expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of priors and allocations to others, the total expenses, and revenue. If any for each program service accompliation are required to report the amount of priors and allocations to others, the total expenses, and revenue. If any for each program service accompliation of the service of TOLORADO EARLY COLLEGES PROVIDED EDUCATION FACILITIES TO STUDENTS OF COLORADO EARLY COLLEGES		Check if Schedule O contains a response or note to any line in this Part III
SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SAID PROPERTY AVAILABLE TO THE SCHOOLS, OTHER NONPROFIT ORGANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN 2 Ddt be organization undertaken significant program services during the year which were not listed on the prior form 500 or 500-527 □Yes X No 3 Ddt be organization undertaken significant changes in how it conducts, any program services. ON CONTROL TO THE CONT	1	
ORDER TO MAKE SAID PROPERTY AVAILABLE TO THE SCHOOLS, OTHER NONPROFIT ORDER TO MAKE SAID PROPERTOR THES. IT MAY ALSO ENAGEE IN 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 of 8027 Image: Control of		TO PROVIDE HIGH QUALITY EDUCATION FACILITIES TO STUDENTS OF CHARTER
ORGANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENAGE IN 2 D04 the organization underlake wightficant program services during the year which were not listed on the profit form \$90 of \$90:27 IVes [X] No 11 Yes, 'describe these new services on Schedule 0. Dot the organization underlake significant changes in how it conducts, any program services, is measured by expenses. Section \$301 (b(s) organizations are required to report the anound of grants and allocations to others, the total expenses, and texation \$10 (b(s) organizations are required to report the anound of grants and allocations to others, the total expenses, and texations \$10 (b(s) organizations are required to report the anound of grants and allocations to others, the total expenses, and texating are et al. (b(sectors)) (b(sectors) 1, 383, 249. 40 (code:		SCHOOLS IN COLORADO THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN
2 Det the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527 □ Yes [X] No 1° Yes, 'describe these checks on Schedule O. 1° Yes, 'describe these checks on Schedule O. 1° Yes [X] No 1° Yes, 'describe these checks on Schedule O. 1° Yes, 'describe these checks on Schedule O. 1° Yes, 'describe these checks on Schedule O. 40 Describe the organization's program service accompliatments for each of its three largest program services, at measures, and reverue, if any, for each program service apported. 1 (Seat. [(Seat. 1) (Seat. 1 (Seat. 2 (ORDER TO MAKE SAID PROPERTY AVAILABLE TO THE SCHOOOLS, OTHER NONPROFIT
pror Form \$90 or \$90 or \$90 cf 200		ORGANIZATIONS AND FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN
if "Yes," describe these new services on Schedule 0. 3 Dd the organization cases conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the
If "Yes," describe these new services on Schedule 0. Bold the organization cases conducting, or make significant charges in how it conducts, any program services?		prior Form 990 or 990-EZ?
If 'Ves' describe these changes on Schedule 0. 4D Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(d)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and textures if any, for each program service reported. 4E (Scote:) (topeness) (recerves) (recerves		
 4. Describe the organization's program service accomplishments for each of its three largest program services, and messawed by expenses. Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and messawed by expenses. 4a (cose:	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
 4. Describe the organization's program service accomplishments for each of its three largest program services, and messawed by expenses. Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and messawed by expenses. 4a (cose:		
Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service method. 4a (codu	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
revenue, if any, for each program services reported 49 (footing 1) (footing rest of some some some some some some some some		
4a (code:		revenue, if any, for each program service reported.
PROVIDED EDUCATION FACILITIES TO STUDENTS OF COLORADO EARLY COLLEGES	4a	
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,383,249. Form 990 (2020)	40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,383,249. Form 990 (2020)		
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4e Total program service expenses 1,383,249. 032002 12-23-20 Form 990 (2020)	4d	Other program services (Describe on Schedule O.)
Form 990 (2020)		
032002 12-23-20	4e	
		Form 990 (2020)
	032002	

Form	990 (2020) CSEC BC 83-435	4293	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	:		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			Х
032003	12-23-20	Form	990	(2020)

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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			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-	х	
	"Yes," complete Schedule L, Part IV	28a	~	x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		- 57		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			·····	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	<u> </u>
032004	\$ 12-23-20	Form	990	(2020)

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CSEC BC

Form 9	90 (2020))
Part	IV	Ch	ec

Form	990 (2020) CSEC BC 83-4354	293	Р	age 5							
Par	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	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
	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).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_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).	_		v							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>							
	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	_		v							
	to file Form 8282?	7c		X							
	I If "Yes," indicate the number of Forms 8282 filed during the year										
-	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 required?	7g 7h									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70									
8	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organization have excess business nothings at any time during the year?	0									
a	Did the energy is a manipulation make any tayable distributions under eaching 10000	9a									
	Did the anonacting arganization make a distribution to a dense dense advisor, as related horsen?	9b									
10	Section 501(c)(7) organizations. Enter:	0.0									
	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	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	c Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	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		X							
	If "Yes," complete Form 4720, Schedule O.		000								

Form **990** (2020)

032005 12-23-20

Form	990 (2020) CSEC BC			4354		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, a	nd for a '	'No" re	espons	se
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			ייייי ו			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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 ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders. or				
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?	-	-		8a	х	
	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 read						
•	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		<u>renue</u>	0000./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				lou		
~			, annatoo,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y						
•	in Schedule O how this was done	,			12c		
13	Did the organization have a written whistleblower policy?				13		x
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>by</i>	aoponaone				
а	The organization's CEO, Executive Director, or top management official				15a		x
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
104	taxable entity during the year?				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	4 990	T (Section 4	501(c)(3)		availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	u 330		501(0)(0)	s or iry)	avalla	DIE
	Own website Another's website X Upon request X Other (explain	00.0	hadula O				
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	liev and	lfinand		
19	statements available to the public during the tax year.	mict C	n interest po	mey, and	i iii idii(Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke one	I recordo I				
20	CAMERON MASCOLL, CFO - 917-710-0277	no di l	I COUUS				
	4424 INNOVATION DR, FORT COLLINS, CO 80525						
020000	· · · ·				Form	990	(2020)
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501	29 148685 011-05117500 2020.05040 CSEC BC					01	1-0

Form 990 (2020)	CSEC BC	8	3-4354293	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees	s, Key Employees, Highest Compensa	ated	
Employ	yees, and Independent Contractors			
Check if	Schedule O contains a response or note to any line	in this Part VII		
Section A. Officers	s, Directors, Trustees, Key Employees, and Highe	est Compensated Employees		
1a Complete this tab	ble for all persons required to be listed. Report com	pensation for the calendar year ending with or with	hin the organization's	tax year.
I ist all of the or	rganization's current officers directors trustees (w	hether individuals or organizations) regardless of	amount of compense	ation

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(10		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than o s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d T	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSIE MATHIS	2.00	-	-	0	\geq	Ξœ	u.			
PRESIDENT		х		x				0.	0.	0.
(2) DAN EDWARDS	2.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) ART CYPHERS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JOHN LOVELL	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
										- 000
032007 12-23-20										Form 990 (2020)

	990 (2020) CSEC BC									83-43	<u>354</u> 2	293	P	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) Name and title Average hours per week (list any			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other opensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org an	rom th anizat d relat anizati	e ion ed
1h	Subtotal								0.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····		· · · · · · · · ·	· · · · · · ·			0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,				Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		X
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,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4		X
Sec	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J fe	or sı	ich r	oers	on .					5		Х
1	Complete this table for your five highest control the organization. Report compensation for the organization for t										ensat	ion fro	om	
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	C	(C ompe	C) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received me	ore than		F -	000 /	0000
												⊢orm	990 (;	2020)

		(2020) CSEC BC				83-4354	293 Page 9
Pa	rt VI						
		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a t c c f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	Business Code				
Program Service Revenue	2 a t c		531120	1,103,018.	1,103,018.		
Pro	f	All other program service revenue Total. Add lines 2a-2f		1,103,018.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	1,643.	1,643.		
	t c	(i) Real Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal	-			
venue	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other	-			
		: Gain or (loss) 7c					
Other Re	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	k	Less: direct expenses 8b					
		 Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 		-			
	0 10 a	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold	>	-			
	c	Net income or (loss) from sales of inventory	>				
Miscellaneous Revenue	11 a t		Business Code 531120	1,834,091.	1,834,091.		
Misc	c	All other revenue		1 004 004			
	e	Total. Add lines 11a-11d		1,834,091.	2 020 752	0	
03200	12 9 12-2	Total revenue. See instructions	🕨	2,938,752.	<u>4,330,/34.</u>	0.	0 • Form 990 (2020)

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	<u>lete all columns. All othe</u> se or note to anv line in t	er organizations must con this Part IX	nplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	14,342.	14,342.		
16 17		11,512.	14,542.		
17 10	Travel Payments of travel or entertainment expenses				
18					
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		908,715.	908,715.		
20 21	Payments to affiliates	500,7150	500,7150		
21	Depreciation, depletion, and amortization	459,995.	459,995.		
22	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BOND ISSUANCE COSTS	197.	197.		
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,383,249.	1,383,249.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here The infollowing SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Form 990 (2020)

CSEC BC Part IX Statement of Functional Expenses CSEC BC

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,644,298.	1	1,927,477.
	2	Savings and temporary cash investments	_/ • / _ = • • •	2	_//		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	14,343.
	5	Loans and other receivables from any current or		I			,
	_	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disgualifi		l l			
		under section 4958(f)(1)), and persons described	•	,		6	
s	7	Notes and loans receivable, net		r		7	
Assets	8	Inventories for sale or use				8	
As	9	—				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,610,522.			
	b	Less: accumulated depreciation	10b	2,660,761.	10,370,112.	10c	9,949,761.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			394,102.	15	2,478,545.
	16	Total assets. Add lines 1 through 15 (must equa			12,408,512.	16	14,370,126.
	17	Accounts payable and accrued expenses				17	747,293.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
Liat		controlled entity or family member of any of these	-		15,030,000.	22	14,840,000.
_	23	Secured mortgages and notes payable to unrelat		ſ	13,030,000.	23 24	14,040,000.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay		ſ		24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	-		605,842.	25	454,660.
	26	Total liabilities. Add lines 17 through 25			15,635,842.	26	16,041,953.
		Organizations that follow FASB ASC 958, check	ck here				
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
anc	27				-3,227,330.	27	-1,671,827.
Bal	28					28	
pu		Organizations that do not follow FASB ASC 95					
Ŀ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
Net	32	Total net assets or fund balances			-3,227,330.	32	-1,671,827.
	33	Total liabilities and net assets/fund balances			12,408,512.	33	<u>14,370,126.</u>

Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

Form 9	990 (2020) CSEC BC	83-4	354293	Pag	_{ge} 12
Part	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	2,938		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,383		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,555		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-3,227	7,3:	<u> 30.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-1,671	.,8:	<u>27.</u>
Part	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: 🗌 Cash 🛛 🖾 Accrual 📃 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a /	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			1
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

032012 12-23-20

SCH	EDU	LE A
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or I					Open to Public Inspection
		the organizati		Go to www.irs.go	/Form990 for instruction	ons and tr	ie latest li	itormation.	Employer	identification number
Nan		ane organizati	CSEC	BC						3-4354293
Pa	rt I	Reason			(All organizations must c	complete th	nis part.) S	ee instructior		5 1551255
					For lines 1 through 12, c					
1			-		n of churches described	-		1)(A)(i).		
2	F				Attach Schedule E (Forn			· /· ·/·		
3	\square				anization described in s			ii).		
4	\square	-	-		njunction with a hospital			-)(iii). Enter	the hospital's name,
		city, and stat	te:							
5		An organizat	ion operated fo	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). ((Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizat	ion that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
		section 170((b)(1)(A)(vi). (C	complete Part II.)						
8		A community	y trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions;					-
					(less section 511 tax) fro	om busines	sses acqui	red by the ore	ganization a	ifter June 30, 1975.
				mplete Part III.)		(.). O.		20(-)(4)		
11	X	-	-	-	vely to test for public sa	-			wa cout the	numpered of one or
12	<u>_</u>				vely for the benefit of, to					
					d in section 509(a)(1) of supporting organization					
а	X	7			upervised, or controlled					aivina
u		••		-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
b					or controlled in connec	tion with it	s supporte	ed organizatio	n(s). bv hav	vina
					anization vested in the s			-		-
		organizatio	on(s). You mus	st complete Part IV,	Sections A and C.	·				
с		Type III fui	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	ly integrate	d with,
		its support	ed organizatio	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.		
d] Type III no	on-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not	functionally int	tegrated. The organiz	ation generally must sat	tisfy a distr	ibution red	quirement and	I an attentiv	/eness
		requiremer	nt (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
					nally integrated supporti	ng organiz	ation.			
f			of supported of	•						1
g		vide the follow i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your govern	ing document?	support (see ii	-	support (see instructions)
		ADO EAR	TV		above (see instructions))	Yes	No			
		GES	ТТ	20-5470086	2	x		1 1 1 0 3	8,018.	
<u>co</u>		010		20 54/0000	Z			,,	,010.	
Tota	al							1,103	3,018.	0.
LHA	For F	Paperwork Re	eduction Act N	Notice, see the Instru	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CSEC BC

83-4354293 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	,	,			· · ·	
	organization, check this box and stop	•					
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c		-				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	-			•	17a and line 15 is	
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
				., 100, 114, 01 11) or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 CSEC BC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		-		1		
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	inization,
	check this box and stop here						>
Sec	ction C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2020 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16						16	%
Sec	ction D. Computation of Invest	ment Incom	e Percentage				
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box and	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organiz	ation ►
20	Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21			_	Sch	edule A (For	rm 990 or 990-EZ) 2020

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21



Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b <u>5c</u> х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

1 4	comporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> 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		х
Sec	stion C. Type II Supporting Organizations		I	
			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 patification, and (iii) copies of the			

	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization i	s the parent o	f each of its	supported	organizations.	Complete line 3	below.
---	--	--------------------	----------------	---------------	-----------	----------------	-----------------	--------

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

3a

З

Yes No

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
Schedule A	(Form 990 or 990-EZ) 2020 CSEC BC

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 $ { m CSEC} $ E
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	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

14350129 148685 011-05117500

Schedule A (Form 990 or 990-EZ) 2020 CSEC BC

SCHEDULE D

Department of the Treasury

(Form	990)
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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.



	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
Nam	lame of the organization Employer identification number CSEC BC 83-4354293							
Par	t I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac				
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.			-		
			(a) Donor advised funds	(b) Funds a	and other acco	unts	
1	Total number at en	nd of year						
2		f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	4 Aggregate value at end of year							
5								
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes	No No	
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	ıly			
	for charitable purp	oses and not for the benefit of the donor o						
	impermissible priva					Yes	No No	
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV,	line 7.			
1		ervation easements held by the organization						
		of land for public use (for example, recrea			• •		a	
		f natural habitat	Preservation of	f a certif	ied histori	ic structure		
		of open space						
2		through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor				
	day of the tax year					ld at the End of t	he Tax Year	
-					2a			
b	•				2b			
		vation easements on a certified historic stru-			2c			
a	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure							
2		al Register vation easements modified, transferred, rel			2d	ing the tax		
3	year ►	valion easements modified, transferred, rei	eased, extinguished, or terminated by the	organiz	auon uun	ing the tax		
4		 where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
Ŭ	•	orcement of the conservation easements it	U , 1 U			Yes	No	
6		r hours devoted to monitoring, inspecting,						
		5, T 5,	5 , 5			5		
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion eas	ements du	uring the year		
	▶\$					0 1		
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)	(4)(B)(ii)?				Yes	No No	
9		be how the organization reports conservation						
	balance sheet, and	include, if applicable, the text of the footr	ote to the organization's financial stateme	ents tha	t describe	es the		
		ounting for conservation easements.				-		
Par		ations Maintaining Collections of		her Si	milar A	ssets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd bala	nce sheet	works		
		easures, or other similar assets held for put			ce of publ	lic		
		Part XIII the text of the footnote to its finar						
b								
		ures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of public :	service,		
		ng amounts relating to these items:						
		ded on Form 990, Part VIII, line 1						
0	.,		nource, or other similar exects for financia		► \$_			
2		received or held works of art, historical tre-		i gain, p	ovide			
~	-	Ints required to be reported under FASB A	-		¢			
a b		on Form 990, Part VIII, line 1			► \$_ ► \$			
		Form 990, Part X eduction Act Notice, see the Instructions			, , , , , , , , , , , , , , , , , , ,	nedule D (Form	n 990) 2020	
	12-01-20				001			

21 2020.05040 CSEC BC

Sche	dule D (Form 990) 2020 CSEC BC						83-43			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that r	make signi	ificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan or ex	change program	n					
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other	similar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "ነ	es" on Fo	orm 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other asse	ets not incl	luded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	Ū					Amount	:	
с	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accou	nt liability?	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization an	nswered "Yes" on F							
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three y	ears 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	•		a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
с		_%								
0-	The percentages on lines 2a, 2b, and 2c sho				d fa alla a a					
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administere	a for the c	organiza	ation	ſ	Yes	Na
	by:							20(1)	res	No
	(i) Unrelated organizations 3a(i)									
h	(ii) Related organizations 3a(ii) o If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b									
4	Describe in Part XIII the intended uses of the			•				00		
Par	t VI Land, Buildings, and Equipm		which fands.							
	Complete if the organization answere). Part IV. line 11a.	See Form 990.	Part X, line	e 10.				
	Description of property	(a) Cost or o basis (investr	other (b) Co	st or other s (other)	(c) Accı		ed	(d) Bool	value	Э
19	Land		,	()	20010					
	Buildings		12.6	10,522.	2,66	0.7	61.	9,949) 7(51.
	Leasehold improvements				2,00	5,1		- , , 4.	,,,,	•
	EquipmentOther									
	Add lines 1a through 1e. (Column (d) must e		V colume (D) Kee	100)				9,949	71	61.
TUL	- Add intes ta through te. (Column (a) must e	<u>qual Form 990, Part</u>	A, COIUMN (B), IINE	<u>10C.)</u>					<u>, , , (</u>	•

Schedule D (Form 990) 2020

032052 12-01-20

CSEC BC

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED LOSS ON REFUNDING	354,458.
(2) CONSTRUCTION IN PROGRESS	2,124,087.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	2,478,545.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	454,660.

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	454,660.

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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 CSEC BC		83-4354293 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)</u>	
Pa	rt XIII Supplemental Information.		

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

14350129 148685 011-05117500

SCHEDULE L		Tra	insactior	ıs V	Vith	Inte	erested	P	ersons			ON	/IB No.	1545-00)47
(Form 990 or 990-E	Z) 🕨 Comp			swere	d "Yes	" on F	orm 990, Pari	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	N2	'n
Department of the Treasury			► Atta	ch to	Form 9	990 or	Form 990-EZ	<u>z</u> .					pen T		olic
Internal Revenue Service	tion	Go to v	www.irs.gov/Fo	orm99	0 for ir	nstruct	tions and the	late	st information.	Em		ident	spect		mber
Name of the organiza		с вс										542			Innbel
Part I Excess			ons (section 50	01(c)(3), secti	on 501	(c)(4), and sec	ctior	n 501(c)(29) orga						
Complet	te if the organ						ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqu	ualified perso	on (b) F	Relationship bety person and or			ified	(0	c) De	escription of tran	sactio	'n			Corre es	ected? No
				-											110
													_		
													+		
2 Enter the amoun		•	-	-			-	-	-		•				
section 4958 3 Enter the amoun											► \$ ► \$				
3 Enter the amount	it of tax, if any	y, on line 2, a	above, reimburs	eu by		jainzai					φ				
Part II Loans	to and/or	From Inte	erested Pers	sons.	i										
-	-					Part V	/, line 38a or F	orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	on	
reported (a) Name of		n Form 990 Relationship	, Part X, line 5, 6 (c) Purpose	1	2. oan to or	(e) Original	(f) Balance due	(a)) In	(h) Ap	proved	(i) V	Vritten
interested pers		n organization	of loan	fron	n the zation?		ipal amount	, ,	J Dalance due		ault?		by board or		ement?
				То	To From					Yes	No	Yes	No	Yes	No
											<u> </u>				
											<u> </u>				
Total Part III Grants	or Acciet	anco Bon	efiting Inter	ostor	d Dor	eone	> \$								
			vered "Yes" on I												
(a) Name of inte			b) Relationship interested pers	betwe	en	(0	c) Amount of assistance		(d) Type assistan			•) Purp assista		of
			the organiza		u				doordan				200101		
											-+				
											+				
											-+				
											-+				
											+				
											+				
LHA For Paperwork	Reduction	Act Notice, s	see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (For	rm 990) or 99	90-EZ) 2020

032131 12-09-20

Schedule L	(Form 990 or 990-EZ) 2020	CSEC	BC
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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relation person	ship betwee and the orga	en inter anizatio	rested on	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
							Yes	No
COLORADO EARLY COLLEGES	COMMON	BOARD	OF	DIR	1,103,018.	BUILDING LE		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: COLORADO EARLY COLLEGES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD OF DIRECTORS

(D) DESCRIPTION OF TRANSACTION: BUILDING LEASE REVENUE

SCHEDULE L PART V

TWO OF THE BOARD OF DIRECTORS ARE ALSO ON THE BOARD OF DIRECTORS OF

COLLEGE EARLY COLLEGES.

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

83-4354293

CSEC BC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH ACQUISITION AND MANAGEMENT OF PROPERTY IN ORDER TO MAKE SAID

PROPERTY AVAILABLE TO THE SCHOOOLS, OTHER NONPROFIT ORGANIZATIONS AND

FOR PROFIT ENTITIES. IT MAY ALSO ENGAGE IN PROMOTING HIGH QUALITY

CHARTER SCHOOL EDUCATION GENERALLY AS A SECONDARY AND INFREQUENT

ACTIVITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTING HIGH QUALITY CHARTER SCHOOL EDUCATION GENERALLY AS A

SECONDARY AND INFREQUENT ACTIVITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 TAX RETURN WAS REVIEWED BY THE CFO AND BOARD PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

0-28-20	LHA	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

CSEC BC

Employer identification number 83-4354293

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
COLORADO EARLY COLLEGES - 20-5470086							
4424 INNOVATION DR							
FORT COLLINS, CO 80525		COLORADO					х
						_	
						_	

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

28

Schedule R (Form 990) 2020

OMB No. 1545-0047

2020 Open to Public Inspection

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 h	ad one or more related
Fartin	organizations treated as a partnership during the tax year.				

organizations treated as a pa		, your.							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener manag partn	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	1										
	-										
	-										
	-										
	1										
	-										
	-										
	1										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?	
		country)		0				Yes	No
	1								
									\square

Schedule R (Form 990) 2020 CSEC BC

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			Ŧ
Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	X	+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Conter transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLORADO EARLY COLLEGES	J	1,103,018.	PAYMENTS RECEIVED
<u>(2)</u>			
<u>(</u> 3)			
<u>(4)</u>			
<u>(</u> 5)			
<u>(</u> 6)			

Schedule R (Form 990) 2020 CSEC BC

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 partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

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