	2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	12 1					(91)(0
_	q	90	Return of C	rganization Exe	empt From Ir	ncome Ta	\mathbf{x}	OMB No 1545-0047
Fo	rm 😈	750	Under section 501(c), 527,				-	2018
		of the Treasury enue Service		ocial security numbers on irs gov/Form990 for instru			•	Open to Public Inspection
A	For the	e 2018 cale	dar year, or tax year beginning					
В	Check if a			illage Academy			D Employer	identification number
	Address o	change	Colorado	Springs			[
	Name cha	2000	ing business as imber and street (or P O box if mail is not del	word to street address)		Room/suite	46-22 E Telephone	254568
$\bar{\Box}$	Initial retu	1 -	03 Austin Bluffs Par			Roomsule		545-8063
Ħ	Final retui		y or town, state or province, country, and ZIP	or foreign postal code				
H	Amended		olorado Springs	CO 80918	. –		G Gross rece	apts\$ 3,998,985
\vdash			me and address of principal officer			H(a) Is this a gr	nun return for s	ubordinates Yes X No
ш	Applicatio	on pending E	entley Rayburn				·	5. 5.
						H(b) Are all sub		(see instructions)
_	Tay-ever	mpt status	X 501(c)(3) 501(c) ()	(insert no) (4947(a)(1)	or 527	/		,
J	Website		.qvaschools.org	1 Indiana	11/	H(c) Group exe	emption numbe	er 🕨
ĸ	Form of o		Corporation Trust Association	Other ▶		ear of formation 2		M State of legal domicile CO
F	Part I	Sumn	nary					
•			be the organization's mission or me					
Activities & Governance			on Public Charter So			earn in E	inglish	and
Ē	ł	tneir	choice of Chinese, Sp	panish, or Germ	an.			
o ve	١,,	Chack this he	x if the organization disconti	nuad ite anarations ar dis	nosed of more than	25% of its not	accete	
(J)	3 1		ting members of the governing boo	*	posed of more mar	1 23 /8 01 1(5 116)	3	4
es	4 1		lependent voting members of the		ine 1b)		4	4
Ϋ́	5 7		of individuals employed in calenda				5	98
Vcti	6 7		of volunteers (estimate if necessa	•	·		6	0
		Total unrelate	d business revenue from Part VIII,	column (C), line 12			7a	0
	b N	Net unrelated	business taxable income from For	m 990-T, line 38			7b	0
_		Contributions	and grants (Part VIII, line 1h)			Prior Yea	5,281	Current Year 506,043
Revenue	9 6		ice revenue (Part VIII, line 2g)	REC	CEIVED		9,235	3,487,405
eve	10 1	-	come (Part VIII, column (A), lines :	2 (1,274	0
œ	11 (Other revenu	e (Part VIII, column (A), lines 5, 6d	8c, 9c, 10c, and Me)R	0 2 2020		6,683	5,537
_						3,572	2,473	3,998,985
	13 (Grants and s	 add lines 8 through 11 (must ec milar amounts paid (Part IX, colum to or for members (Part IX, colum 	in (A), lines 1-3) OGD	EN LIT			0
					The second secon	4 005	405	0 041 766
Expenses	15 8		r compensation, employee benefit		es 5–10)	4,903	5,485	2,941,766
oe u	h		undraising fees (Part IX, column (/ ing expenses (Part IX, column (D)		o			
ŭ	17 (es (Part IX, column (A), lines 11a-	•	ľ	1.232	2,949	1,281,948
	1		es Add lines 13–17 (must equal Pa) [3,434	4,223,714
	19 F	•	expenses Subtract line 18 from li		·	-2,565	5,961	-224,729
SOF	5					Beginning of Cui		End of Year
(SSe	20 1		Part X, line 16)		ŀ	5,879		3,754,850
Net Assets or	21		s (Part X, line 26)	um lino 20	-	12,074 -6,195		10,175,013 -6,420,163
	Part II		fund balances Subtract line 21 fro	om ine 20		0,130	J, 232	0,420,103
			ry, I declare that I have examined this	return, including accompany	ing schedules and sta	atements, and to	the best of	my knowledge and belief, it is
tr	ue, corre	ect, and compl	ete Declaration of preparer (other)than	officer) is based on all info	mation of which prep	arer has any kno	wledge	
			your many	elle			7	62020
	gn	Signato	e of officer	Λ. Λ-A - A A G	/) ^(4)=	Date	
He	ere	<u> </u>	ANA MCCHARRIE -	DIRECTOR OF	-INAACE/	DIRECTOR	eoft	<u>tuman resduece</u>
_		 * 	print name and title	I possible desired at	0	10	- 	- I DTIN
Pai	id	Print/Type prep		Preperer's rignature	Cuth	Date	Check	If PTIN
	eparer	John Cutl	John L Cutler	1 9			/20 self-emp	20-2011689
	e Only	Firm's name	600 17th St S		<u>. </u>	F	irm's EIN	
		1				l l		

Denver, CO 80202-5428

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

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Firm's address

303-634-2259

Yes No Form **990** (2018)

Phone no

	Global Village A		5-2254568	Page 2
	tatement of Program Ser	-	n Abon Don't III	
	neck if Schedule O contain	is a response or note to any line i	n this Part III	
		Language Immersion	Public Charter School	ol where a
		sh and their choice		
Did the orga	anization undertake any significan	t program services during the year which	were not listed on the	
•	990 or 990-EZ?			Yes X No
•	scribe these new services on Sch			
_	anization cease conducting, or ma	ake significant changes in how it conducts	, any program	Yes X No
services?	scribe these changes on Schedule	• O		Tes A No
Describe the expenses S	e organization's program service	accomplishments for each of its three larging anizations are required to report the am		
				
a (Code Operati) (Expenses \$ 2,40 on of a Charter	01,675 including grants of\$) (Revenue \$)
operaci	on or a charter	Benoot.		
		•		
- <u></u> -				
O (Code) (Expenses \$	including grants of\$) (Revenue \$)
MA				
(Code) (Expenses \$	including grants of\$) (Revenue \$	
N/A) (Expenses #	including grants or \$	/ (Nevenue \$,
.,				
Other progra	am services (Describe in Schedul	e O)		
(Expenses	·	e O) ding grants of\$) (Revenue \$)
		2,401,675		

Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?

- ation required to complete Schedule B. Schedule of Contributors (se
- 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
- 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
- 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
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - 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
 - 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
 - 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - þ 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

		Yes	No
	1	x	
	2		X
	3		X
	4		_X_
	5		x
	6		X
	7		x
	8		<u> </u>
	9		<u>x</u>
	10		<u>x</u> _
-			
	11a	x	
	11b		<u> </u>
	11c		<u>x</u>
	11d 11e	X	
	11f		<u>X</u>
	12a	x	
	12b		x
	120	X	
	14a		<u>X</u> _
	14b		<u>x</u>
	15		x
	16		<u> </u>
	17		X
	18		X
	19		X
	20a		<u>X</u>
	20b		
	21		<u>X</u>
	Form	990	(2018)

_ <u>P</u>	art 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 individua			
	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensate		ĺ	
04-	employees? If "Yes," complete Schedule J	23	┼	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	244]	ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a	24a	İ	x
b		246	1	<u> </u>
	Did the organization milest any proceeds of tax-exempt boilds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the		1	
·	to defease any tax-exempt bonds?	240		
d		240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	· ·		
	If "Yes," complete Schedule L, Part I			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ed .		İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	L,		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	
	Schedule L, Part IV	28 _b	L	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member th	ereof)		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul	e M 29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie	d		
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	le N, Part I 31	<u> </u>	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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu		1	
	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		.,	1
	or IV, and Part V, line 1	34	X_	77
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line		-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2		\vdash	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ			x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1:			
30		38	x	
P.	19? Note. All Form 990 filers are required to complete Schedule O art V Statements Regarding Other IRS Filings and Tax Compliance	36	- 4%	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is confedence of containing a response of note to any line in this Fair V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	10	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	 		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	·		ı
-	reportable gaming (gambling) winnings to prize winners?	1c		
			m 990	(2018)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (co.	ntinue	<u>ea)</u>		г —	
_		, ,	ı		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		98			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	·	aL	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		57	2b	^	-
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction have unrelated business greater than 250, you may be required to e-file (see instruction have unrelated business greater than 250, you may be required to e-file (see instruction).	illons)		20	-	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scheen	م ماییات		3a 3b	 	<u> </u>
b 42	At any time during the calendar year, did the organization have an interest in, or a signature or of			30	├	
44	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
h	If "Yes," enter the name of the foreign country	iliciai a	iccount).	70	 	-
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Aci	counts (FRAR)		ļ	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		occinis (i D/ ii i)	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	did the			l	<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	s or			
	gifts were not tax deductible?			6b		1
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			-
	and services provided to the payor?	ŭ		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit con	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	ontrac	t?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization fil	e Form	n 8899 as required	17 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anızatıc	on file a Form 109	8-C ² 7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	tained	by the		-`-	_
	sponsoring organization have excess business holdings at any time during the year?			_8		
9	Sponsoring organizations maintaining donor advised funds.					*
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•		9b	<u> </u>	└ ~
10	Section 501(c)(7) organizations. Enter		•			ļ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				j
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>		-	
11	Section 501(c)(12) organizations. Enter		Ì		ļ	-
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	10417 	12a	<u> </u>	├
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
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		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O					ļ
þ	Enter the amount of reserves the organization is required to maintain by the states in which	الممدا			•	1
_	the organization is licensed to issue qualified health plans	13b	-			
C	Enter the amount of reserves on hand	13c		14-		X
l4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yea" heart filed a Form 720 to report these neumants? If "No." argued an evaluation in Setu	م ماریام ۲	-	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School to the agreement of the payment of the			14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	iunerat	uon or	45		X
	excess parachute payment(s) during the year? If "You " one patricular and file Form 4720. School do N.			15		1
16	If "Yes," see instructions and file Form 4720, Schedule N	nant	oome?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	nent in	icome /	16		┲
	If "Yes," complete Form 4720, Schedule O				-000	<u> </u>

Forn	n 990 (201	(8) Global	Village	e Acad	demy	y		4	6-225	54568	3				Р	age 6
Pa	art VI	Governance	, Managen	nent, an	d Dis	closure	For eac	h "Yes"	respons	e to line	s 2 th	rougl	h 7b below,	and f	or a "	'No"
		response to lir	ne 8a, 8b, or	10b belo	w, des	scnbe the	circums	tances,	process	es, or ch	hange	s in S	Schedule O	See	ınstru	ıction
		Check if Schee	dule O conta	ins a res	ponse	or <u>no</u> te t	o any lin	e in this	Part VI							X
Sec	tion A.	Governing B	ody and M	anagem	nent											
		,								-					Yes	No
1a	Enter the	e number of voting	g members of	the gover	ning bo	ody at the	end of the	tax year			1	1a	4			
	If there a	are material differe	ences in votin	g rights an	nong m	nembers o	f the gove	rning boo	dy, or						Ì	
	if the gov	verning body dele	gated broad a	authority to	an ex	ecutive co	mmittee o	r sımılar								
	committe	ee, explain in Sch	edule O	•							ľ	i		[1
b	Enter the	e number of voting	g members in	cluded in l	line 1a,	above, wl	ho are ind	ependent	t			1b	4			
2	Did any	officer, director, tr	ustee, or key	employee	have a	a family rel	lationship	or a busii	ness rela	tionship v	with -	-		7		l
	any othe	er officer, director,	trustee, or ke	y employe	ee?									2		X
3	Did the d	organization deleg	gate control ov	er manag	ement	duties cus	tomarily p	erformed	d by or un	der the d	lirect					
	supervis	ion of officers, dir	ectors, or trus	tees, or ke	ey emp	loyees to	a manage	ment con	npany or	other per	son?			3		X
4	Did the d	organization make	any significa	nt change:	s to its	governing	documer	its since t	the prior I	Form 990) was f	iled?		4	L	X
5	Did the d	organization beco	me aware dur	ing the yea	ar of a	significant	diversion	of the or	rganizatio	n's asset	s?			5		X
6	Did the d	organization have	members or	stockholde	ers?									6		<u> </u>
7a	Did the d	organization have	members, sto	ckholders	s, or oth	ner person	s who had	the pow	er to elec	t or appo	oint					
	one or m	nore members of t	the governing	body?										7a		X
b	Are any	governance decis	ions of the or	ganızatıon	reserv	ed to (or s	subject to	approval	by) mem	bers,				ĺ		ĺ
	stockhol	ders, or persons of	other than the	governing	body?	7								7b		X
8	Did the c	organization conte	emporaneousi	y documer	nt the n	neetings h	eld or wri	ten actio	ns undert	aken dur	ing the	year	by the follow	ving		
а	The gove	erning body?												8a	X	
b	Each cor	mmittee with auth	ority to act on	behalf of	the gov	verning bo	dy?							8b	X	ļ
9	Is there a	any officer, directo	or, trustee, or	key emplo	yee lis	ted in Part	VII, Sect	on A, wh	o cannot	be reach	ed at					
		nization's mailing												9		X
<u>Sec</u>	tion B.	Policies (This	<u>Section B</u>	<u>request</u>	s info	rmation	<u>about p</u>	<u>olicies i</u>	not requ	ured by	<u>the l</u>	nter	nal Reven	ue C	ode)	
															Yes	_
		organization have	•											10a		X
b		did the organizati														
		, and branches to		•										10b		
		organization prov								g body b	efore f	ilıng t	he form?	11a	X	
		n Schedule O th							orm 990							
		organization have			•	•	. •				_			12a	X	
b		icers, directors, o										rise	to conflicts?	12b	X	
С		organization regul	•	-	onitor a	ind enforce	e compliar	ice with t	the policy	? If "Yes,	n					
		in Schedule O ho				_								12c	X	
13		organization have						_						13		X
14		organization have					•	•						14		X
15		process for detern	-									-2				
_		dent persons, con						ion of the	e delibera	tion and t	aecisio	ın z		45-	v	
	_	inization's CEO, E			•	agement o	meiai							15a	X	
D		ficers or key empl o line 15a or 15b,	•	•		dula O (ss	a instructi	one)						15b		_
460				•		•		•	cimilar ari	anaomei	nt					
104		organization inves xable entity during		assets to	, or pa	ii licipale iii	i a joint ve	illule of s	311111a1 a11	angeme	111			160		X
h				itton nolici	v or pro	ocadura ra	aurina the	organiz:	ation to a	valuata it				16a		
IJ		did the organizati tion in joint ventui			-		-	_								
		tion in joint ventui	•				i lax law, i	and lake	archa in s	aicyuaic	4 1116			16b		'
500		tion's exempt state Disclosure	us with respe	CI TO SUCH	arrang	ements/								1 100		
<u>3ec</u> 17		states with which a	conv of this	Form One	ie reco	ured to be	filed N	ne								
17 18		states with which a							dicable) (990 and	gon.⊤	(Sect	ion 501/c)			
) available for put	-								9 9 0-1	(UCCI	301(6)			
	1 1	website An			-	_	Other (e									
19		in Schedule O w						-			rt of in	feree	finalism and			
1.7		statements availa					naue ils y	overmig	accurrer	113, COIIII	OL OI III	(C) C3	i policy, allu			
20		name, address,	-	•		-	0000000	ee the are	امالوداموم	a's hooks	and re	ocord.	c b			
_	_	rname, address, i s Manager	and telephone			1702 N					anu 10	Jourus				

719-645-8063

CO 80915

Colorado Springs

Form 990 (2018) Global	Village	Academy
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46-2254568

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unk icer a	Pos check ess pe nd a c	erson	than out the state of the state	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.555.11165)	organization and related organizations
(1)Bentley Rayburn										
	0.00	ĺ	ĺ						,	
President	0.00	X	├	X				<u>_</u>	0	0
(2) Tom Strand	0.00		1							
Treasurer	0.00	x		x				o	0	o
(3) Pete Heinz	<u> </u>	 	\vdash		 	╁┤		-		
(1,2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	1	1	•	ł	} }				
Vice President	0.00	X		X				0	0	<u> </u>
(4) Cindy Schaefer										
	0.00				l	1				
Director	0.00	X	<u> </u>	<u> </u>	Ĺ_	\sqcup		0	0	0
(5)										
(6)		-								
(7)		\vdash								
(8)		-	_		_	$\left \cdot \right $				
(9)									•	
(10)										
(11)		-			_					
DAA		<u> </u>			<u> </u>					Form 990 (2018)

<u> </u>	II VII Section A. Officer	s, Directors, Ti	U31	cc3 ,	rey	<u> </u>	ipio	-	s, and riightest Compens	ated Employees (continu	ueu)	_		
	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unk icer a	Pos check ess pe nd a c	erson	than is both	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoui othe compen from	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1000 miles)		organiz	ation ated	
							Ä		,					
														_
								·						
1b c	Sub-total Total from continuation she	eets to Part VII	, Se	ctioi	n A			>						
<u>d</u> _2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				to th	ose	liste	▶ d ab	pove) who received more t	than \$100,000 of	<u> </u>			
3	Did the organization list any f				or tru	ustee	 e, ke	y en	mployee, or highest compe	ensated			Yes	
4	employee on line 1a? If "Yes For any individual listed on lii organization and related orga	," complete Sch ne 1a, is the sur	<i>edul</i> n of	le J i repo	for so	uch . le co	<i>indiv</i> ompe	<i>idua</i> ensa	al ation and other compensa	tion from the		4		x
5	Individual Did any person listed on line for services rendered to the of									on or individual		5		x
Sect 1	cion B. Independent Contract Complete this table for your f	tors								ore than \$100 000 of				
	compensation from the organ	(A) business address	com	pen	satio	n fo	r the	cal	endar year ending with or	within the organization's (B) tion of services	tax year		(C)	
	Name and	Dusiness address							Descrip	uon oi services		<u></u> u	mpensa	uon
										 				-
2	Total number of independent received more than \$100,000									0				

Pa	irt V	'III Statement of Rev Check if Schedule		ntains	a response	e or note to any li	ne in this Part VII	IJ	
10.00		Officers in Confedence	<u> </u>		a respond	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
T ST	1a	Federated campaigns	1a						
يق	b	Membership dues	1b			ĺ			
A, E	С	Fundraising events	1c						
ᇐ	d	Related organizations	1d			ľ			1
S.E	е	Government grants (contributions)	1e		481,448			i	
e E	f	All other contributions, gifts, grants,			1	ì	,		1
聲		and similar amounts not included above	1f		24,595				
ğ	g	Noncash contributions included in lines 1	a-1f	5	}	}			
Program Service Revenue Contributions, Gifts, Grants	<u>h</u>	Total. Add lines 1a-1f	_		 ▶	506,043			
au a					Busn Code				· · · · ·
Ş	2a	Per Pupil Revenue			611710	3,303,043	3,303,043		
8	b	Mill Levy Override			611710	136,872	136,872		
ēZ	C	Charges for Servic	es		611710	36,117	36,117		
Š	d	Pupil Activities				11,373	11,373		
Jrar	e	A11 (1							
õ	1	All other program service rev	enue			3,487,405			
<u> </u>		Total. Add lines 2a-2f		ndo inte	root	3,467,403			
	3	Investment income (including and other similar amounts)	j ulvide	nus, me	iest,				
	4	Income from investment of ta	V-0V0F	ant band	proceed				
	5	Royalties	IX-CXCI	iipt boild	proceeds				
	•	(i) Real		(ii) F	Personal			 	
	6a	Gross rents							•
	ь	Less rental exps					Į		
	c	Rental inc or (loss)							ı
	d	Net rental income or (loss)			•				Í
	7a Gross amount from (i) Securities (ii) Other sales of assets			Other			•		
		other than inventory							· ·
	b	Less cost or other							
		basis & sales exps						-	
	С	Gain or (loss)					Ì		,
	d	Net gain or (loss)	-		> _		· · · · · ·	 	
he	8a	Gross income from fundraising ev	ents						•
eni		(not including \$							
Zev		of contributions reported on line 1	c)					•	
Other Revenue		See Part IV, line 18	a						
th.		Less direct expenses	b[
		Net income or (loss) from fun		g events	· •				
	9a	Gross income from gaming activiti	- 1		ļ				
		See Part IV, line 19	a						
		Less direct expenses	b	44		J			
		Net income or (loss) from gar		ctivities	<u> </u>				
	TUA	Gross sales of inventory, less returns and allowances							<u>'</u>
		Less cost of goods sold	a b					_	
		Net income or (loss) from sal	٠. ـ	venton					
	_ _	Miscellaneous Revenue	es or ii	relitory	Busn Code				
	11a	Other Revenue			611710	5,537	5,537		7
	b	- max 110 - 61146							
	c								
l		All other revenue							
		Total. Add lines 11a-11d			•	5,537	~		
	12	Total revenue. See instruction	ons		▶	3,998,985	3,492,942		0 0
								-	Form 990 (2018)

46-2254568 Form 990 (2018) Global Village Academy Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and general expenses Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,743,300 1,352,100 391,200 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 921,248 277,218 1,198,466 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 210,526 210,526 Management **b** Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 98,177 98,177 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 427,000 427,000 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2,391 2,391 22 Depreciation, depletion, and amortization 11,994 11,994 Insurance 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 295,678 11,103 284,575 Other Purchased Services 157,593 100,848 56,745 Supplies and Materials 56,538 4,135 Non-capital Equipment 60,673 С 12,241 5,675 Other 17,916 e All other expenses 1,822,039 4,223,714 2,401,675 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)

<u>Part</u>	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	310,504	1	748,267
2	Savings and temporary cash investments	3-0700	2	
3	Pledges and grants receivable, net	54,820	3	29,225
4	Accounts receivable, net	10,674	4	1,53
5	Loans and other receivables from current and former officers, directors,	10/0/3		2,33
"	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
6				<u> </u>
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a	1		
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
.,	organizations (see instructions) Complete Part II of Schedule L		6	-
Assets			7	
88 7	Notes and loans receivable, net		8	
	Inventories for sale or use	840		28,299
9	Prepaid expenses and deferred charges		9	20,293
108	a Land, buildings, and equipment cost or			المناه المحتال
1.	other basis Complete Part VI of Schedule D 10a 23,912 Less accumulated depreciation 10b 2,391	1	40-	35 6AC
l		 	10c	21,521
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11	<u> </u>	12	
13	Investments—program-related See Part IV, line 11	<u> </u>	13	
14	Intangible assets	E 502 562	14	2 026 001
15	Other assets See Part IV, line 11	5,502,563	15_	2,926,001
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,879,401 15,183	16	3,754,850
17	Accounts payable and accrued expenses	15,163	17_	45,488
18	Grants payable	1 710	18	1 100
19	Deferred revenue	1,710	19	1,105
20	Tax-exempt bond liabilities		20_	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			-
협	disqualified persons Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	i		
	parties, and other liabilities not included on lines 17-24) Complete Part X	10 055 040		10 100 100
	of Schedule D	12,057,942	25	10,128,420
26	Total liabilities. Add lines 17 through 25	12,074,835	26	10,175,013
ဖွ	Organizations that follow SFAS 117 (ASC 958), check here ▶ and	, ,		
בַּ	complete lines 27 through 29, and lines 33 and 34.	-		
B 27	Unrestricted net assets		27	
28	, ,		28	
5 29	Permanently restricted net assets		29	<u> </u>
-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶X and		ı	
<u>8</u>	complete lines 30 through 34.			.~
30	Capital stock or trust principal, or current funds	<u> </u>	30	
₹ 31			31	
Net Assets of Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	-6,195,434	32	<u>-6,420,163</u>
33	Total net assets or fund balances	-6,195,434		-6,420,163
34	Total liabilities and net assets/fund balances	5,879,401	34	3,754,850

Form **990** (2018)

Forn	1990 (2018) Global Village Academy	46-2254568			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line i	n this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u> </u>	3,9		
2	Total expenses (must equal Part IX, column (A), line 25)		2	4,2		
3	Revenue less expenses Subtract line 2 from line 1		3			<u>729</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, c	olumn (A))	<u> </u>	6,1	<u>95,</u>	<u>434</u>
5	Net unrealized gains (losses) on investments		<u>; </u>			
6	Donated services and use of facilities		<u>; </u>			
7	Investment expenses	<u> </u>	<u>, </u>			
8	Prior period adjustments		<u>. </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	_ 9	,			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must e	qual Part X, line	J			
	33, column (B))		<u>o </u>	-6,42	20,	<u> 163</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line i	n this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other		. [
	If the organization changed its method of accounting from a prior year or check	ed "Other," explain in		-		}, <u>.</u>
	Schedule O				· '	,
2a	Were the organization's financial statements compiled or reviewed by an indep	endent accountant?		_2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the	year were compiled or		'	1	
	reviewed on a separate basis, consolidated basis, or both			1	,	`
	X Separate basis Consolidated basis Both consolidated and s	eparate basis				
b	Were the organization's financial statements audited by an independent account	ntant?		2b	_ <u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the	year were audited on a		1	٠	
	separate basis, consolidated basis, or both					1
	X Separate basis Consolidated basis Both consolidated and s	eparate basis		}	-	ļ ·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight		İ		
	of the audit, review, or compilation of its financial statements and selection of a	an independent accountant?		_2c	_X	<u> </u>
	If the organization changed either its oversight process or selection process du	ring the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an aud	dit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organi	zation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps tak	en to undergo such audits		3b		L
				For	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Global Village Academy Colorado Springs

Employer identification number 46-2254568

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

Total

	dule A (Form 990 or 990-EZ) 2018 GLC	opar viii	<u>age Acade</u>	∍my		-2254568	Page 2
Pa	Support Schedule for (Complete only if you ch	ecked the box	on line 5, 7, c	or 8 of Part I or	if the organiz	ation failed to q	
	Part III If the organization	on fails to qual	ify under the te	ests listed belo	w, please cor	nplete Part III)	
	tion A. Public Support	·		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-					
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				<u>-</u>		
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)				L		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th		irst, second, third	, fourth, or fifth tax	year as a sectio	n 501(c)(3)	
	organization, check this box and stop he					·	<u> </u>
Sec	tion C. Computation of Públic S	Support Perce	entage				
4	Public support percentage for 2018 (line		-	lumn (f))		14	%_
15	Public support percentage from 2017 Sc					15	
6a	33 1/3% support test—2018. If the orga				l is 33 1/3% or m	ore, check this	. —
	box and stop here. The organization qui				,	_	▶ [_]
b	33 1/3% support test—2017. If the orga				ne 15 is 33 1/3%	or more, check	. 🗆
	this box and stop/here. The organization		* * * * * * * * * * * * * * * * * * * *	=			▶ [_]
7a	10%-facts-and-circumstances test—2	_					
	10% or more/and if the organization me						
.	Part VI how the organization meets the "organization						▶ □
b	10%-facts-and-circumstances test—26	-					
	15 is/10% or more, and if the organization Explain in Part VI how the organization in						
	supported organization	neers the lacts-a	nu-circumstances	test the organia	Lation qualities as	a publiciy	▶ □
8 .	Private foundation. If the organization of	lid not check a ho	v on line 13 16a	16h 17a or 17h	check this hav a	nd see	
~/	Instructions	ad not oneck a bu	A Offilia 10, 10a,	, 17a, 01 17D,	SHOOK HIIS DOX &	300	▶ □
\not						shadula A (Form 990	

46-2254568

Schedule A (Form 990 or 990-EZ) 2018 Global Village Academy

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

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

	If the organization fails to						under Fait if
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				1		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			1	ļ		
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	<u> </u>			<u> </u>	ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<i>.</i> 			-		
12	Other income Do not include gain of loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for th	e organization's	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop he	ere				·	> _
Sec	tion C. Computation of Public S	Support Perc	entage				
15	Public support percentage for 2018 (line		-	olumn (f))		15	%_
16_	Public support percentage from 2017 Sc						%_
	tion D. Computation of Investm						
17	Investment income percentage for 2018	-	• • •	e 13, column (f))		17	<u>%</u>
18 19a	Investment income percentage from 201 33 1/3% support tests—2018. If the org			line 14 and line	15 is more than 2°	18 1/3% and line	%_
ıJd	17 s not more than 33 1/3%, check this l						▶ □
b	33 1/3% support tests—2017. If the org						nd
~/	line 18 is not more than 33 1/3%, check t						▶ 🔲
2,0	Private foundation. If the organization of	•		•		=	▶ 🗍

Part IV Supporting Organizations

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

Section /	A. AII	Supporting	Organizations
-----------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

npiete Part V)								
		Yes	No					
	1		- 1					
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	2		<u> </u>					
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	3b	ļ						
	3c	mana bana ta						
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	4b							
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	9c	-	-					
	-50							
	10a							
	10b	-	- ,					
(For		or 990-E	Z) 2018					

Schedule A (Form 990 or 990-EZ) 2018 GIODAL VILLAGE ACAGEMY	 -	46-2254	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			•
instructions. All other Type III non-functionally integrated supporting organization	ons must co	omplete Sections A thro	ugh E
Section 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		<u> </u>
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other		• •-	
factors (explain in detail in Part VI)		•	
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			1
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally inte		e III supportina oraaniza	ition (see
instructions)	J 7F		1

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7
 a Excess from 2014
 b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 Global Village Academy 46-2254568 Page 8

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

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public

Inspection

Employer identification number Name of the organization Global Village Academy Colorado Springs 46-2254568 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>Sche</u>	edule D (Form 990) 2018 Global V						254568			Page 2
Pâ	rt III Organizations Maintaini	ng Collections	of Art, H	<u>istorica</u>	I Treasur	es, or C	ther Sim	<u>ilar As</u>	sets (con	tinued,
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other rec	ords, check	any of the	e following th	hat are a s	significant us	e of its		
а	Public exhibition	d 🗍	Loan or ex	change pr	ograms					
b	Scholarly research	e 🗂	Other	•	•					
С	Preservation for future generations		-							
4	Provide a description of the organization's	collections and exc	lain how th	ev further	the organiza	ation's exe	empt purposi	e in Part		
•	XIII			•,						
5		t or receive donatio	ne of art hi	storical tre	acures or o	ther simil:	ar			
•	assets to be sold to raise funds rather than						a1		Yes	☐ No
PPa	irtiV Escrow and Custodial A		25 part or ar	C Olganiza	ation 5 conce	Alon-			_	1 110
	Complete if the organization		es" on Fo	orm 990	, Part IV, I	ine 9, o	r reported	an am	ount on F	orm
	990, Part X, line 21			<u> </u>						
1a	Is the organization an agent, trustee, custo	odian or other intern	nediary for	contributio	ns or other a	assets not			П.,	
	included on Form 990, Part X?								Yes	∐ No
b	If "Yes," explain the arrangement in Part X	III and complete the	e following t	able			_	-γ		
									Amount	
C	Beginning balance						10	:		
d	Additions during the year						_10	Ц		
е	Distributions during the year						1e			
f	Ending balance						1f	_i		
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for	escrow or	custodial ac	count liab	ulity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part X	III Check here if the	e explanation	on has bee	en provided	on Part XI	11			
Pa	rt V Endowment Funds.							_		
	Complete if the organization	on answered "Y	es" on Fo	orm 990,	Part IV, I	ine 10_				
		(a) Current year	(b) Pro	or year	(c) Two ye	ars back	(d) Three ye	ars back	(e) Four yea	irs back
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships	-								
	Other expenditures for facilities and									
-	programs									
f	Administrative expenses									
	End of year balance								 	
2	· · · · · · · · · · · · · · · · · ·	rrent year end hals	nce (line 1	a column	(a)) held as		L—			
	Board designated or quasi-endowment	%	inoc (iino 1)	g, co.a	(4), 11014 45					
	Permanent endowment ▶ %	70								
	Temporarily restricted endowment ▶	%								
·	The percentages on lines 2a, 2b, and 2c si									
32	Are there endowment funds not in the post		nization tha	t are held	and adminis	tarad for t	ho			
va	organization by	session of the organ	neadon tild	. are nem	unu auniiiilb	CIGUIOI L			Ye	s No
	(i) unrelated organizations								3a(i)	3 110
									3a(ii)	
	(ii) related organizations			ا مانيام طما	10				3b	+-
	If "Yes" on line 3a(ii), are the related organ				(/				30	
_	Describe in Part XIII the intended uses of t		<u>naowment i</u>	unas		 -				
Pa	ift'VI Land, Buildings, and Equ		» - -	000	Dark IV I	44.	C F	- 000	Dank V II.a	- 40
	Complete if the organization							1 990, 1		
	Description of property	(a) Cost or other		(b) Cost or o		, ,	ccumulated		(d) Book valu	е
		(investment)		(oth	er)	de	preciation			
	Land							\dashv		
	Buildings									
	Leasehold improvements									
	Equipment				23,912		2,39	<u> 1</u>	21	<u>,521</u>
	Other									
otal	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, I	Part X. colu	mn (B), lın	e 10c)				21	,521

Schedule D (i	Form 990) 2018 Global Village Acad	emy	46-2254568	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11b See Form 99	0, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	aluation
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			_
(2) Closely-h	eld equity interests			
(3) Other	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			 	
(H)	on (h) must a such Farm 200. Bort V. and (R) line 12.)			
	nn (b) must equal Form 990, Part X, col (B) line 12)		L	
Part VIII	Investments—Program Related.	" 000 Dod N	lune 44 a Con Form 00/	0 Dark V June 40
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year r	market value
<u>(1)</u>				
(2)				
(3)				
_(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13) ▶		<u> </u>	
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	<u>, line 11d See Form 990</u>	0, Part X, line 15
	(a) Description			(b) Book value
(1)	Deferred outflows - p	oensions		2,819,844
(2)	Due From GVCC			45,922
(3)	Deferred outflos - OF	PEB		42,735
(4)	Deposit			17,500
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)	<u></u> <u>-</u> -	>	2,926,001
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f See Fo	orm 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		•	. ,
	current Liab - Net Pension Liab	5,340,694		,
	rred inflows - pensions	4,325,666		
	current Liab - Net OPEB Liab	266,735		. Ł
	ued Expenses	194,919		, ,
	rred inflows - OPEB	406		e Sign
		300		
(8)				
(8)		+		•
(9)	on (h) must aqual Form 000 Part V and (P) line 05 1 h	10,128,420		
	nn (b) must equal Form 990, Part X, col (B) line 25)		n'a financial statements that re	anada tha c

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 Global Village Academy	46-225456	58	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	3,998,985
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)	2d]]	
е	Add lines 2a through 2d		2e _	_
3	Subtract line 2e from line 1		3	3,998,985
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]]	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,998,985
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expenses	er Re	eturn.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	4,223,714
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		[_ [
а	Donated services and use of facilities	2a]]	
b	Prior year adjustments	2b	1	
C	Other losses	2c] }	
d	Other (Describe in Part XIII)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,223,714
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	j	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

4,223,714

Schedule D (Form 990) 2018 Global Village Academy
Part XIII Supplemental Information (continued)

46-2254568

Page 5

SCHEDULE E

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number
46-2254568

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

Name of the organization

Global Village Academy Colorado Springs

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, X bylaws, other governing instrument, or in a resolution of its governing body? 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 2 X programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please X describe If "No," please explain If you need more space, use Part II 3 4 These policies are available upon request, on our website and in? the student handbook. _ 1 t Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? X 4a а Records documenting that scholarships and other financial assistance are awarded on a racially h X 4b nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing C with student admissions, programs, and scholarships? 4c X Copies of all material used by the organization or on its behalf to solicit contributions? <u>4d</u> X d If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to X Students' rights or privileges? 5a b Admissions policies? 5**b** X Employment of faculty or administrative staff? 5c X X 5d Scholarships or other financial assistance? X Educational policies? -5e X 5f Use of facilities? 5g X Athletic programs? Other extracurricular activities? 5h X If you answered "Yes" to any of the above, please explain. If you need more space, use Part II 73

Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" on either line 6a or line 6b, explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

X

6a

6b

Schedule E (Form 990 or 990-EZ) 2018 Global Village Academy

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

Sch E - Financial Aid or Government Assistance Explanation

The School receives funding from the State Department of Education.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Global Village Academy
Colorado Springs

46-2254568

Employer identification number

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 was reviewed by the contract CFO before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Annually each Board member signs a statement which affirms that they
received a copy of the conflict of interest policy, has read and
understands the policy, agrees to comply with the policy and understands
that the organization must engage primarily in activities which accomplish
the organization's tax exempt purposes.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation for key employees was determined by the Board and documented in the meeting minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation for key employees was determined by the Board and documented in the meeting minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The School makes its governing documents, conflict of interest policy, and
financial statements available to the public upon request of the CFO.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2018 Open to Public Inspection

▶ 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

Department of the Treasury Internal Revenue Service Name of the organization

Global Village Academy

Colorado Springs

Employer Identification 46-2254568

Pärt I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (e) End-of-year assets (d) Total income **(f)** Name address and EIN (if applicable) of disregarded entity Primary activity Direct controlling entity Legal domicile (state or foreign country) (1) (2) (3) (4) (5)

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 organizations during the tax year Part II (c) Legal domicile (state or foreign country) (d) Exempt Code section (e) Public charity status (if section 501(c)(3)) (f) (a)
Name address and EIN of related organization (b) Primary activity Direct controlling entity (1) Global Village Charter Collaborativ 10701 Melody Dr. Ste. 610 42-2635465 501c3 Northglenn CO 80234 2 N/A Admin Serv co x (2) (3) (4) (5)

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

Schedule R (Form 990) 2018

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	R (Form 990) 2018 Global Village	Academy	hio aa	46-2	254568	if the erec-	ration appropriate	"Yos" on	Eorm (200 00-	117	lina	Page :
Part III	Identification of Related Organ because it had one or more relat	ızat ıons Taxa l ed organization	oi e as as trea	i a Partnersr ated as a nar	ii p. Compiete tnership durin	แ เกย organ a the tax ve	ization answered ar	res on	rom) s	ээо, гап	. IV,	iine	34,
	(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated excluded from tax under sections 512-514)	(f) Share of tota income	(g)	(h) Disproportionat alloc ?	of So	(i) le V—UBI nt in box 20 hedule K-1 irm 1065)	Gene man	ner?	(k) Percentage ownership
(1)													-
(2)									_		+		_
(3)		ļ						_			-	 -	
(0)													
(4)				i									
Part IV	Identification of Related Organ line 34, because it had one or mo	izations Taxat ore related orga	ole as anızatı	a Corporati	on or Trust. (as a corporate	Complete if on or trust d	the organization a unng the tax year	nswered	"Yes"	on Form	990	, Par	t IV,
	(o) Name address and EIN of related organization	(b) Primary activ	rity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp or trust)	(f) Share of total Income	(g) Share end-of-yea	of	Percer owner	tage		(i) Section 512(b)(13) controlled entity?
			\Box									Y	es No
(1)													
(2)													
(3)	<u> </u>		-									-	
(4)			1									+	
DAA										Schedule	B (F) m 9	90) 2018

Schedule R (Form 990) 2018

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Part V	Transactions With Related Organizations. Complete if the organization	n answered "Yes" o	on Form 990, Part IV	/, line 34, 35b, or 36				
Note Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
	the tax year, did the organization engage in any of the following transactions with one or more	e related organizations	listed in Parts II-IV?					
	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			1a		х	
	ant, or capital contribution to related organization(s)				1b		Х	
	ant, or capital contribution from related organization(s)				1c		х	
d Loans	or loan guarantees to or for related organization(s)				1d		X	
e Loans	or loan guarantees by related organization(s)				1e		Х	
f Divider	nds from related organization(s)				1f	-	x	
g Sale of	f assets to related organization(s)				1g		х	
h Purcha	ase of assets from related organization(s)				1h		х	
ı Exchar	nge of assets with related organization(s)				11		х	
, Lease	of facilities, equipment, or other assets to related organization(s)				11	_	Х	
k Lease	of facilities, equipment, or other assets from related organization(s)				1k		x	
I Perform	mance of services or membership or fundraising solicitations for related organization(s)				11		х	
m Perforr	mance of services or membership or fundraising solicitations by related organization(s)				1m	Х		
	n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharin	g of paid employees with related organization(s)				10		Х	
						ŀ	x	
•	ursement paid to related organization(s) for expenses				1p	_	x	
q Reimbi	ursement paid by related organization(s) for expenses				1q			
r Other t	ransfer of cash or property to related organization(s)				1r	L	X	
	ransfer of cash or property from related organization(s)		······································		1s		X	
2 If the a	inswer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and tra					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount invol	ved		
(1)	Global Village Charter Collaborativ	m	210,526	Per Contract				
(2)								
(3)								
(4)								
(5)	,							
(6)								

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

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

	(a) Name address and EIN of entity /	(b) Primary activity	(c) Legal domicale (state or foreign	(d) Predominant income (related,	(e) Are all partners section		(f)	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		}	country)	sections 512-514)	Yes			ł	Yes	No		Yes	No	ĺ
(1)	,													
(2)	j								-					
(3)														
(4)														
(5)											<u></u>			
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(11)														
											Schedu	e R (F	orm 9	90) 2018

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Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R See Instructions