For Paperwork Reduction Act Notice, see the separate instructions.

For	<sub>m</sub> 9	90	6]							come Ta		OMB No 1545-0047 2019	ተ
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Inter		f the Treasun			Go to www	v.irs.gov/Form	1990 for II	nstructions a	nd the latest	information.	- Jul	inspection.	驑
<u>A</u>				year, or tax year			_			20	7.5		
B	Check if a	ррисавіє	Name or	•		Intern	ation	al Langu	ıage		D Employ	er identification number	
	Address o	change	Doing bu	siness as	ademy						1,6-2	254568	
X	Name cha	ange	-	and street (or P O box i	f mail is not d	elivered to street	address)		<del></del>	Room/suite	E Telepho	ne number	
-	Initial retu	_		Austin Blu					1		719-	<u>645-8063</u>	
	Final retui terminated		• -	wn, state or province, co		<b>J</b> ,					1		_
	Amended	return E		rado Sprino d address of principal of		CO809	918			T	<b>G</b> Gross re	ceipts\$ 3,575,22	<u>5</u>
$\overline{\sqcap}$	Applicatio	on pending		tley Rayb						H(a) is this a	group return for	subordinates Yes X	No
		, ,	ben	crea waan	ulli				_	H(b) Are all s	ubordinates in	cluded? Yes N	No
									F	If "N	o," attach a list	t (see instructions)	
_	Tax-exer	mpt status	<b>X</b> 5	01(c)(3) 501(c)	( )	(insert no )	494	7(a)(1) or	527	1			
<u></u>	Website	► ww		laschool	.org				A	H(c) Group e	xemption num	ber 🕨	
		organization	X Corp	poration Trust	Association	Other 🕨			L	ear of formation	2013	M State of legal domicile C	<u>ō</u>
#P	artil	≝_ Sun	nmary						<u>!</u>				
4.	1 E	•		organization's m		_							
2				Public Cha					dents l	earn in	Englis	h and	
Ë	ĺ	tneir	cnoi	ce of Chin	ese, S	panisn,	or G	erman.					
Governance	ر ا	hack this	hov N	if the organizati	ion discon	tinued its one	arations o	or disposed a	4 more than	-95%-af-itc-n	et assets		
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Activities &				ndent voting memb	_			VI, line 1b)	and the standard of the standards		4	3	_
Σį	ļ			dividuals employe		-	-		1AR 08	2021 80	5	98	_
Acti	6 T	rotal numb	ber of vo	lunteers (estimate	of necess	ary)			() 6	2021 0	6	0	_
•	7a Total unrelated business revenue from Part VIII, column (C), line 12										7a	<del></del>	<u>0</u>
_	ы	Net unrelat	ted busi	ness taxable incor	ne from Fo	orm 9 <u>9</u> 0-T, lir	ne 39		GDEN		7b		<u>0</u>
	ا و ر	Contributio	ne and	arante (Part VIII. li	ne 1h\				ŀ	Prior Y	6,043	Current Year 487,50	7
Revenue				grants (Part VIII, II evenue (Part VIII, I	•				-		7,405	3,085,11	_
š	l.	-		(Part VIII, column	-	3. 4. and 7d	)			<u> </u>	. / 555	<u> </u>	ō
ď	1			rt VIII, column (A)			•	e)	-		5,537	2,59	9
	12 T	Total rever	nue – ad	d lines 8 through	11 (must e	qual Part VII	l, column	(A), line 12)	·	3,99	8,985	3,575,22	<u>5</u>
	13 0	Grants and	l sımılar	amounts paid (Pa	ırt IX, colu	mn (A), lines	1–3)						0
	1	•		for members (Par									<u>o</u>
ses				npensation, emplo	•	•	•	A), lines 5–10	"	2,94	1,766		_
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Exp			_	xpenses (Part IX,			10)		U P	<u>1 2Ω</u>	1,948	987, 68	<u>画</u>
				art IX, column (A) id lines 13–17 (mi			-	ne 25)	<b>-</b>		3,714	2,944,75	
	19 F	•		enses Subtract lin	•	-	(7 (7, 11	10 20,			4,729	630,46	_
Net Assets or Fund Balances								<u> </u>		Beginning of C	urrent Year	End of Year	_
ssets	20 T	Total asset							L		4,850	2,781,36	
et A	21 T			t X, line 26)					-		5,013		
Z.	22 N			balances Subtrac	ct line 21 fi	om line 20		<del></del>		-6,42	0,163		4
	art II			Block		<del></del>					01		<del>-</del>
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_				irn with the prepai Notice, see the sei			instruction	ons)				Yes   No	_
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rm 990 (2019)			2254568	Page <b>2</b>
		rvice Accomplishments	usia David III	
		ins a response or note to any line in t	nis Part III	
	cribe the organization's mission	8 Language Immersion Pu	blic Charter Schoo	ol where a
		ish and their choice of		
			, , ,	
-	· -	ant program services during the year which we	re not listed on the	□ v 👽 u-
-	990 or 990-EZ? scribe these new services on Sc	shodule O		Yes X No
		nake significant changes in how it conducts, ai	ny program	
services?	<b>.</b>		, program	Yes X No
If "Yes," des	scribe these changes on Sched	ule O		
expenses S		e accomplishments for each of its three largesi organizations are required to report the amour each program service reported		
(Code	) (Expenses \$ 1,4	83,636 including grants of\$	) (Revenue \$	)
•	on of a Charter		,	,
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(Code	) (Expenses \$	including grants of\$	) (Revenue \$	,
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	am services (Describe on Sched		(Boyonus ¢	`
(Expenses :	s inc im service expenses ▶	luding grants of\$ ) ( 1,483,636	Revenue \$	
i otal progra	IIII SCIVICE EXPENSES F	I, 100, 000		



Form 990 (2019) Colorado International Language

Part Va Checklist of Required Schedules

46-2254568

APOE

Marie III			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			۱
	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,	1_		١,,
	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	ľ	İ	ľ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
7	"Yes," complete Schedule D, Part I	<b>├</b> °	<del> </del>	┢
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		$ \mathbf{x} $
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>	$\vdash$	<del>  ^</del>
U	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			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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,	10		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	3.	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405		x
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		İ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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 (see instructions)	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X

Form **990** (2019)

iiP.	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 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i	ł	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	į į		1
	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			3.7
	persons? If "Yes," complete Schedule L, Part III	27	io main	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	12 813 8 94	1 2 2 2 2 2 3	化进轴线
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	P. C. MICH	-01-11-12	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
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,"	3,		
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		_ <del></del> -
-	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,	1 32		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
<b>IP</b>	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-127274000		( PELED) STREET
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) Colorado International Language 46-2254568

## F	Statements Regarding Other IRS Filings and Tax Compliance (Co.	ilinuea)			
2-	Catas the asymptot of employees reported on Form W. 2. Transmittel of West and Tax	1 1		Yes	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 98		THU. PHY	TEMPLE
	Statements, filed for the calendar year ending with or within the year covered by this return		7	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction by the construction being a second of \$1,000 as more divising the construction being a second of \$1,000 as more divising the construction of \$1,000 as more divising the construction of \$1,000 as more divising the construction of \$1,000 as more divising the construction of \$1,000 as more divising the construction of \$1,000 as more divising the construction of \$1,000 as more division of \$1,000 as more	cuoris)			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	dulo O	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche		3b	├	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	·	4.		х
_	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial account)	4a	0.00000000	
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Accounts (ERAP)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	insaction.	5c		<del>  ^</del> -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	tid the	<b>├</b> ~		<del>-</del> -
va	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 or	<del>"</del>		
-	qifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		HEREITE !!		TE TO SHE
a		for goods			
_	and services provided to the payor?	90000	7a	enimenalitäide	nib. enbisitibai
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
_	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		7e	- AMERICAN AND AND AND AND AND AND AND AND AND A	TATION OF THE PARTY OF THE PART
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization fil		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint				
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a		bleet la.	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I	l 1	12a	eren salansin	iani salizania ti
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	ngcennaetha	#151120HT11#1111111
	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	13b			
	Enter the amount of reserves on hand	[ 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	uneration or	_		7.7
	excess parachute payment(s) during the year?		15	ielinini iel	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 of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section of the	nent income?	16		X
	If "Yes," complete Form 4720, Schedule O				PRIM

State the name, address, and telephone number of the person who possesses the organization's books and records >

303 Austin Bluffs Parkway

CO 80918

Business Manager

Colorado Springs

Form 990 (ク	019) Colorado	International	Language	46-22	254568		Page
		of Officers, Directors,				Compensated	
	Independent Co		_		_	-	
	Check if Schedul	e O contains a respon	se or note to an	v line in this I	Part VII		

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

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

(A) Name and title	(B) Average hours per week (list any	off	k, unle icer ai	Pos check ess pe	rson	than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
,	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Pete Heinz	0.00									
Vice President	2.00	x		x	ĺ			o	o	c
(2)Bentley Rayburn	0.00	┢		^	-	Н				
(1) Delicitely imagination	2.00									
President	0.00	x		x				0	0	c
(3) Tom Strand										
_	2.00									
Treasurer (4)	0.00	X		X		$\vdash$		0	0	C
(*)										
(5)		ļ								
(6)										<u> </u>
(7)								<u> </u>		 
(8)				-	_					
(9)										
(10)										· · · · · · · · · · · · · · · · · · ·
(11)			$\vdash$			$\vdash$				

Form **990** (2019)

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Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

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 (C) Management and (D) Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 TO THE PERSON OF Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign opmanaster elekuristen komunisten kundulari kundulari kundulari kundulari kundulari kundulari kundulari kundul Alaki kundulari kan kan kundulari kundulari kundulari kundulari kundulari kundulari kundulari kundulari kundul individuals See Part IV, lines 15 and 16 Benefits paid to or for members 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) 1,718,667 1,278,576 440,091 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 48,590 189,815 238,405 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees) 58,479 58,479 a Management b Legal 6,250 6,250 c Accounting Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 52,009 52,009 (A) amount, list line 11g expenses on Schedule O) 26,045 26,045 12 Advertising and promotion 4,088 4,088 13 Office expenses 14 Information technology 15 Royalties 401,150 401,150 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 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 49,842 49,842 23 Insurance 24 Other expenses Itemize expenses not covered t palo en electronista de la companya de la companya de la companya de la companya de la companya de la company Se recurso de la companya de la companya de la companya de la companya de la companya de la companya de la com La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 135,111 61,499Supplies and Materials 73,612 49,941 **Educational Services** 49,941 b Other Purchased Services 45,245 18,575 26,670 26,455 7,030 Non-capital Equipment 33,485 123,648 123,648 e All other expenses 1,483,636 Ō 2,944,756 1,461,120 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) DAA Form **990** (2019)

		(2019) COIOTAGO INCELNACIONAL	. <u>nanguage</u>	40	-2234366			
	ari-	Balance Sheet  Check if Schedule O contains a response or note	to any line in this Dr	od Y				
_		Check if Schedule O Contains a response of note	to any me in this Pa	III A	(A)	Ι -	(B)	
					Beginning of year		End of year	
	1	Cash—non-interest-bearing			748,267	1	1,689,976	
	2	Savings and temporary cash investments			, 10,20,	2	270057510	
	3	Pledges and grants receivable, net			29,225		36,789	
	4	Accounts receivable, net			1,537		1,900	
	5	Loans and other receivables from any current or former	r officer, director.					
	-	trustee, key employee, creator or founder, substantial of						
		controlled entity or family member of any of these person				5		
	6	Loans and other receivables from other disqualified per						
ξī	ļ	under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3)(B)			6		
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use	•			8		
	9	Prepaid expenses and deferred charges			28,299	9	26,470	
	10a	Land, buildings, and equipment cost or other	}					
		basis Complete Part VI of Schedule D		3,9 <u>12</u>				
	ь	Less accumulated depreciation	10b ·	1,782	21,521	10c	19,130	
	11	Investments—publicly traded securities				11	ļ	
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11		!		13	<del> </del>	
	14	Intangible assets			2 026 001	14	1 007 006	
	15	Other assets See Part IV, line 11	221		2,926,001 3,754,850		1,007,096 2,781,361	
_	16	Total assets. Add lines 1 through 15 (must equal line 3	45,488		12,075			
	17 18	Grants payable and accrued expenses	nts payable and accrued expenses					
	19	Deferred revenue			1,105	18 19	155,154	
		Tax-exempt bond liabilities				20	200,201	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D			21		
ģ		Loans and other payables to any current or former office						
ij		trustee, key employee, creator or founder, substantial of						
Liabilities		controlled entity or family member of any of these person				22		
<u> </u>	23	Secured mortgages and notes payable to unrelated thir				23		
	24	Unsecured notes and loans payable to unrelated third p	parties			24	456,500	
	25	Other liabilities (including federal income tax, payables	to related third					
		parties, and other liabilities not included on lines 17-24)	Complete Part X					
		of Schedule D			10,128,420		7,947,326	
-	26	Total liabilities. Add lines 17 through 25			10,175,013	26	8,571,055	
S		Organizations that follow FASB ASC 958, check her	re 🔛					
ě		and complete lines 27, 28, 32, and 33.				[		
sala	27	Net assets without donor restrictions				27	<del> </del>	
ğ	28	Net assets with donor restrictions	<b>\V</b>		(1998. jaja) (1991. jaja) (1998. jaja) (1998. jaja) (1998. jaja) (1998. jaja) (1998. jaja) (1998. jaja) (1998.	28		
ᇍ		Organizations that do not follow FASB ASC 958, ch	eck nere 🕰					
ō	20	and complete lines 29 through 33.  Capital stock or trust principal, or current funds	अग्रसार प्रवास स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन	29	।। ।। इत्तरसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धा			
ets	29 30	Paid-in or capital surplus, or land, building, or equipmen			30	<del> </del>		
SSI	31	Retained earnings, endowment, accumulated income, of		-6,420,163		-5,789,694		
Net Assets or Fund Balances	32	Total net assets or fund balances	J. Julior lands		-6,420,163		-5,789,694	
ž	33	Total liabilities and net assets/fund balances			3,754,850		2,781,361	
		The second secon					5 990 (2010)	

	n 990 (2019) Colorado International Language 46-2254568		Page <b>12</b>
Pa	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	3,575,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>2,944,756</u>
3	Revenue less expenses Subtract line 2 from line 1	3	630,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-6,420,163
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	-5,789,694
Pa	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 X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O		
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		
	X Separate basis Consolidated basis Both consolidated and separate basis		
þ	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both		
	X Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain on		
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
	Single Audit Act and OMB Circular A-133?		3a
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b
			Form <b>990</b> (2019)

# **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public Inspection I

Department of the Treasury Internal Revenue Service Name of the organization

**Partil** 

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Colorado International Language

Academy

Employer identification number 46-2254568

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)

1	Щ	A church, co	onvention of churches	s, or asso	ciation of churche	es describe	ed in sec	tion 170	(D)(T)(A)(I).	1 /	
2	X	A school de	scribed in section 17	0(b)(1)(A	.)(ii). (Attach Scho	edule E (F	orm 990	or 990-E	Z) )		
3	$\square$	A hospital o	r a cooperative hospi	tal service	e organization de:	scribed in	section	170(Ь)(1)	(A)(iii).		
4	$\sqcup$	A medical re	esearch organization	operated	in conjunction wit	th a hospi	tal descri	bed in se	ction 170(b)(1)(A)(iii). Ente	r the hospital's	name,
		city, and sta	te								
5		An organiza	tion operated for the	benefit of	a college or univ	ersity own	ed or ope	erated by	a governmental unit describ	ed in	
	_		)(b)(1)(A)(iv). (Compl								
6	Ц		ate, or local governm	_							
7						its suppor	t from a g	jovernme	ntal unit or from the general	public	
	_		section 170(b)(1)(A								
8	$\vdash$		y trust described in s				•				
9									conjunction with a land-gran		
		university	or a non-land-grant (	college of	agriculture (see	instruction	is) Enter	tne nam	e, city, and state of the collec	ge or	
10	$\Box$	-	tion that normally rec	awae (1)	more than 33 1/3	3% of its s	unnort fre	m contri	butions, membership fees, a	nd aross	
10	ш	•	•	. ,					id (2) no more than 33 1/3%	_	
		•		•	•		-		ction 511 tax) from businesse		
		acquired by	the organization after	June 30,	, 1975 See <b>sect</b> i	ion 509(a)	(2). (Con	nplete Pa	rt III )		
11	Ц	•	tion organized and or		•	•	-				
12	Ш	•	•		•				octions of, or to carry out the		
				-					on 509(a)(2). See section 5 on and complete lines 12e, 1.		
	_		-		-		-	_			
	a								ed organization(s), typically be directors or trustees of the		
			ng organization You	•	• • • • •		-	Jiny 01 an			
	b	Type II.	A supporting organiz	ation sup	ervised or control	lled in con	nection w	ith its su	pported organization(s), by h	aving	
			_					persons t	hat control or manage the su	pported	
			ition(s) You must co	-							
	С	Type III	functionally integra orted organization(s)	ted. A su	pporting organiza	ation opera	ated in co	nnection	with, and functionally integra	ated with,	
	d	$\overline{}$							ction with its supported organ	nization(s)	
	u		<b>-</b>	-			•		ion requirement and an atter	, ,	
			nent (see instructions)		•	-	-		•		
	е	_ `	•		-	•			it is a Type I, Type II, Type I	III	
		function	ally integrated, or Typ	e III non-	functionally integi	rated supp	orting or	ganizatio	n		
	f		mber of supported or	_							
	<u>g</u>	Provide the	following information	about the	supported organ	ization(s)	г— —				
(1)		e of supported	(n) EIN		(iii) Type of organia		(iv) Is the o	٠ .	(v) Amount of monetary	(vi) Amou	
	org	ganization	1	- 1	(described on lines above (see instruct			r governing nent?	support (see instructions)	other suppo	
							Yes	No			
(A)		-	1								
										L	
(B)					<del></del>						
										<u> </u>	
(C)											
	_										
(D)							]				
			ļ				ļ			ļ	
E)											
							TERRITARIO E			<del> </del>	
otai							18/2/2/2/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	1.21.2.515181922132		L	

Total

Sche		torado in				-2234366	Page 2
	art II Support Schedule for (						
	(Complete only if you ch						
	Part III If the organization	on fails to qual	ify under the t	ests listed bel	ow, please cor	<u>mplete Part III.)</u>	
	ction A. Public Support		<del>-</del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not		l		1	[ ]	
	include any "unusual grants ")					/	
2	Tax revenues levied for the	İ	Ì	'	1		
-	organization's benefit and either paid					/	
	to or expended on its behalf	ļ	<u> </u>		<del> </del>		
3	The value of services or facilities					/	
_	furnished by a governmental unit to the	1	1		1	/	
	organization without charge				<del> </del>	<del>'</del>	
4	Total. Add lines 1 through 3		TELEDIZIONI DI PROPERTO DI LICENZA				
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						
c	shown on line 11, column (f) <b>Public support</b> . Subtract line 5 from line 4						
Sec	tion B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 201,7	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		(3) = 7 -	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	(-3	(0, - 0, - 0, - 0, - 0, - 0, - 0, - 0, -	
8	Gross income from interest, dividends,						
	payments received on securities loans,			/			
	rents, royalties, and income from similar sources		<u> </u>	/	<u> </u>	i	
9	Net income from unrelated business						
9	activities, whether or not the business					}	
	is regularly carried on				<u> </u>		
10	Other income Do not include gain or	ļ					
	loss from the sale of capital assets		l / .				
	(Explain in Part VI)	Therefore, the production of the leading of the lead	Zinta in company and the company				<del></del>
11				10.1年10月7月1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1		1	
12 13	Gross receipts from related activities, etc			fourth or fifth to	w waar aa a aasta		<del></del>
13	First five years. If the Form 990 is for the organization, check this box and stop he	. ,	irst, second, third	, lourth, or mith ta	ix year as a sectio	11 50 1(6)(3)	▶ □
Sec	tion C. Computation of Public S		entage				
14	Public support percentage for 2019 (line			lumn (f))		14_	%
15	Public support percentage from 2018 Sc			(7)		15	%
16a				ine 13, and line 1	4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qu						▶ □
b	33 1/3% support test—2018. If the orga	anization did not c	heck a box on lin	e 13 or 16a, and	line 15 is 33 1/3%	or more, check	
	this box and stop here. The organization	n qualifies as a pu	iblicly supported	organization			▶ [
17a	10%-facts-and-circumstances test—2	019. If the organiz	zation did not che	ck a box on line 1	13, 16a, or 16b, ar	id line 14 is	
	10% or more, and if the organization me				-		
	Part VI how the organization meets the "	facts-and-circums	stances" test. The	organization qua	alifies as a publicly	supported	. —
	organization						▶ 📋
b	10%-facts-and-circumstances test—2	_					•
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization r	neets the "facts-a	na-circumstances	test The organ	ization qualifies as	a publicly	. □
10	supported organization  Private foundation. If the organization of	did not about a L-	v on has 12 16-	16h 17a 17h	chack this have	nd saa	▶ □
18		aid not check a bo	A OIT IITIE TS, TOA.	, 100, 17a, 01 170	, check this box a	110 300	▶ □
	instructions						
	7				S	chedule A (Form 99	0 or 990-EZ) 2019

Sche	edule A (Form 990 or 990-EZ) 2019 CC	lorado In				-2254568	Page 3
	Support Schedule for (Complete only if you complete					allod to avalify	under Bort (I
	If the organization fails						under Partin
Sec	ction A. Public Support	to quality arras	19910 11911	<u>, p.o.</u>	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f)/Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandist 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 51	3					
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						
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						
8	Public support. (Subtract line 7c from line 6)				THE SELECTION OF THE SE		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		//			<u> </u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (lessection 511 taxes) from businesses acquired after June 30, 1975	\$\$					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11/						
14	and 12) First five years. If the Form 990 is for		irst, second, third	fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop I						<b>_</b>
	ction C. Computation of Public						
15	Public support percentage for 2019 (lin		-	olumn (f))		15	
16 Sec	Public support percentage from 2018 Section D. Computation of Investi			<del></del>			%_
17	Investment income percentage for 201			e 13 column (f))		17	%
18	Investment income percentage from 20					18	<del></del>
19a	/			line 14, and line	15 is more than 33		
	17 is not more than 33 1/3%, check this	-					▶ □
b	33 1/3% support tests—2018. If the olline 18 is not more than 33 1/3%, check	-					nd ▶ 🗌
20	Private foundation. If the organization	•	_		- · · · · · · · · · · · · · · · · · · ·	•	- □

## Schedule A (Form 990 or 990-EZ) 2019 Color Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- 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)

		Yes	No			
			inium			
	1					
		HELEPHOLES INCH.				
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	3a					
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	3b	AMERITA BELLEVIA	AANEN VANSTER			
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	3с					
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	4b					
	4c	eries eristen en tet ve				
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	5b					
	5c					
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	9c					
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	10b	1				
(For	rm 990	or 990-E	EZ) 2019			

	tule A (Form 990 or 990-EZ) 2019 COLOFAGO International Language 46-22545	00		Page 5
Pa	Supporting Organizations (continued)			, <u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			COMMENT
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	<u> </u>
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		<b>4</b>	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	escreption of	GESTALINE	a, hala mara di aras d
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	L	L
Sect	tion C. Type II Supporting Organizations			
		Camputer up	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		
<u>Sect</u>	ion D. All Type III Supporting Organizations			_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		31014ENNAUGSE
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ident		
-	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	,19, <b>4</b> )(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)	1316 B2016:010164
3	By reason of the relationship described in (2), did the organization's supported organizations have a			den nada
,	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			2120 23 2 0 2 0 2
C4	supported organizations played in this regard	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	<del></del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	:tions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	nstructi	ons)	
	•	,		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	330 2 TE		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1006		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
2	-			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30030	MINE PROPERTY	
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		HITCH FOR SHALL	THE MERITER HE
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgan	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See					
instructions. All other Type III non-functionally integrated supporting organizations	must o	complete Sections A throi	igh E		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
	<b>-</b>	(**,***********************************	(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3_	<u> </u>	<u> </u>		
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5	<u> </u>			
6 Portion of operating expenses paid or incurred for production or	1				
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		
	Linerimont		(optional)		
Aggregate fair market value of all non-exempt-use assets (see	TO CHE	2000 1900 1900 1900 1900 1900 1900 1900			
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	<u> </u>			
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	us co constitutativa accepto accepto il filipolitaturo constitut filipoli	tecenny ji jero jer puljica je julja je o plandije je se jera je s je je koji je		
e Discount claimed for blockage or other		SE BERTONIAN ET BERTYN I ET HEKENE IN 1855. HAT BUSSELL STANSKEL EN EN SEN EN SEN HEKENE STANSKELL STANSKELL EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SE HAT SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN SEN EN S			
factors (explain in detail in Part VI)		1 \$4:00 \$10 \$10 \$10 \$10 \$10 \$10 \$2 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10			
Acquisition indebtedness applicable to non-exempt-use assets	2	- <u>-</u>			
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		
Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1	2		<u> </u>		
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 超級可能認識的可能可能可能可能可能可能可能可能可能可能可能可能可能可能可能可能可能可能可能					
7 Check here if the current year is the organization's first as a non-functionally integral	ted Typ	pe III supporting organiza	tion (see		

Colorado International Language 46-2254568 Schedule A (Form 990 or 990-EZ) 2019 Page 7 PartV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (i) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 \* a From 2014 **b** From 2015 c From 2016 d From 2017 ne direna, na sesia digunam primere en l'incara populare de la companie de la lega de la companie de la compan La companie de la companie de la companie de la companie de la companie de la companie de la companie de la com e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years र प्रमुख्याम् वर्षम् सम्बद्धाः अस्त मार्गाः स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । भूगतः सम्बद्धाः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्थापायः । स्था h Applied to 2019 distributable amount na i celo granici mala ela gran de la priverca a para procela fra pod degreta de la comercia. En el esta incresa de la freguesta el granicia de la comercia de la comercia de la comercia de la comercia de i Carryover from 2014 not applied (see instructions) الالتقاد الأكان المستخدم لما المراجعية والمستخدم المستخدمة المستحديدة المستحديدة المراجعية المستحديدة المستحد من في المراجعية المستخدم لما المراجعية والمستحد المستحد المستحديدة المستحديدة المراجعية المستحديدة المستحديدة Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

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PartVI

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

### SCHEDULE D (Farm 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Publication

	e of the organization Colorado International Language	Employer identification number			
	cademy		46-2254568		
	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)		<del> </del>		
3	Aggregate value of grants from (during year)				
4	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		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors	<del>-</del>			
	only for charitable purposes and not for the benefit of the donor or d	= -			
	conferring impermissible private benefit?	.cc. cannon, or ser any cane, perpend	☐ Yes ☐ No		
#P	artill Conservation Easements.				
dear-iar-	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (ch				
	Preservation of land for public use (for example, recreation or ex		v important land area		
	Protection of natural habitat	Preservation of a certified h	•		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a c	onservation		
	easement on the last day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b			2b		
c		included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/				
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the		
	tax year ▶		· ·		
4	Number of states where property subject to conservation easement	is located ▶			
5	Does the organization have a written policy regarding the periodic m				
	violations, and enforcement of the conservation easements it holds'		☐ Yes ☐ No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin		ion easements during the year		
	<b>&gt;</b>		<b>5</b> ,		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year		
	<b>&gt;</b> \$		ů ,		
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)	)(B)(ı)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easi	ements in its revenue and expense state	ement and		
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements th	nat describes the		
	organization's accounting for conservation easements				
P	artill: Organizations Maintaining Collections of A		er Similar Assets.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not t	to report in its revenue statement and ba	alance sheet works		
	of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furthers	ance of public		
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes these items			
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherand	ce of public service,		
	provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$		
2	2 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 FASB ASC 958 reli	<del>_</del>	•		
а	Revenue included on Form 990, Part VIII, line 1	S	<b>▶</b> \$		
	Assets included in Form 990. Part X		<b>▶</b> \$		

	990) 2019 Colorad						25456			ige 2
Part III Or	ganizations Maintain	ing Collections	<u>of Art,</u>	<u> Historica</u>	<u>l Treasur</u>	es, or C	ther Si	<u>milar As</u>	sets (contin	ued)
	anization's acquisition, acc ns (check all that apply)	ession, and other rec	ords, ch	eck any of the	e following t	hat make	significant	use of its		
a Public ext	nibition	d 🗌	Loan or	exchange pr	rogram					
b Scholarly	research	e 🗂	Other		-					
c Preservat	ion for future generations									
_	scription of the organization	's collections and exp	laın how	they further	the organiza	ation's exe	empt purpo	se in Part		
XIII	•		-	•	J					
	ar, did the organization soli	cit or receive donatio	ns of art	historical tre	easures, or o	other simila	ar			
	sold to raise funds rather th								☐ Yes ☐	No
	crow and Custodial		- Puntu	3						
	mplete if the organiza		es" on	Form 990	Part IV.	line 9. oi	r reporte	d an am	ount on Form	n
	), Part X, line 21				, ,					••
	ation an agent, trustee, cus	stodian or other intern	nediary f	or contributio	ns or other	assets not	<del></del>		<del></del>	
	orm 990, Part X?	nodian or other intern	iculary i	01 001111100110		400000 1101	•		☐ Yes ☐	No
	in the arrangement in Part	YIII and complete the	followin	na table					63	110
D II 163, expla	in the analigement in rait	Ani and complete the	Ollowii	ig table			Γ.		Amount	—
e Pogunning hal	2000						<u> </u>	1c	741104111	—
c Beginning bal								1d		_
d Additions duri								1e	· · · · · · · · · · · · · · · · · · ·	
	during the year						<u> </u>	1f	<del></del> -	
f Ending balance		C 000 D-+V	04 4				_	11 _		
•	ization include an amount o	·	•				•		☐ Yes ☐	No
	in the arrangement in Part dowment Funds.	XIII Check here if the	e explan	ation has bee	en provided	on Part XI	<u> </u>			
ominibility of the state of the		tion oncurred "V	oo" on	Form 000	Dort IV/	, Ino 10				
	mplete if the organiza						(4) 7		T (1) 5 1 1 1 1 1 1	
		(a) Current year	(D)	Prior year	(c) Two ye	ears back	(a) Inree	years back	(e) Four years b	аск
1a Beginning of y	ear balance		<del>                                      </del>		<del> </del>				<del></del>	
b Contributions			ļ						<del></del>	
c Net investmer	nt earnings, gains, and									
losses		·	<del>  </del>		<u> </u>				<del> </del>	
d Grants or scho	olarships		<b> </b>		<b></b>				<u> </u>	
e Other expend	itures for facilities and									
programs										
f Administrative	expenses		<u> </u>		ļ. <u></u> .					
g End of year ba	alance	<u> </u>	L		<u>L</u>				<u> </u>	
2 Provide the es	stimated percentage of the	current year end bala	ince (line	g 1g, column	(a)) held as					
a Board designa	ated or quasi-endowment 🕨	▶ %								
<b>b</b> Permanent en	idowment ► %	ò								
c Term endown	nent ▶ %									
The percentag	ges on lines 2a, 2b, and 2c	should equal 100%								
3a Are there ende	owment funds not in the po	ssession of the organ	nization t	hat are held	and adminis	tered for t	he			
organization b	у								Yes	No
(i) Unrelated	organizations								3a(i)	
(ii) Related or	rganizations								3a(ii)	
<b>b</b> If "Yes" on line	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4_ Describe in Pa	art XIII the intended uses of	f the organization's er	<u>idowme</u> i	nt funds						
Part VI Lar	nd, Buildings, and Ed	guipment.					<u> </u>			
	nplete if the organizat		es" on	Form 990,	Part IV, I	ine 11a.	See Fo	rm 990,	Part X, line 1	0.
	cription of property	(a) Cost or other I		(b) Cost or o			ccumulated		(d) Book value	
		(investment)	ł	(othe	er)	de	preciation			
1a Land	<del></del>									
<b>b</b> Buildings										
c Leasehold imp	provements						-			
d Equipment		<del></del>			23,912		4,7	782	19,1	30
e Other							<u>-, .</u>	<del></del>		
	through 1e (Column (d) me	ust equal Form 990 F	Part X. co	olumn (B). lin	e 10c)	<u> </u>		•	19,1	30
		<u> </u>		(=/, ///.				<u> </u>		

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Part VII	Investments - Other Securities.			
الا تضاء <del>به اداله ند ند اده ار الانتهاق</del> ا	Complete if the organization answered "Yes" of	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 v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
•	n (b) must equal Form 990, Part X, col (B) line 12)			
PartVIII	Investments – Program Related.			
tion of an out of the first first out on a special of	Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11c See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<del></del>			
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
PartIX	Other Assets.	<u> </u>	7 ( 1-1 ) - 1 ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 ) ( 1-1 )	Service Control of th
Particular in Interpretate in inter-	Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11d See Form 99	0, Part X, line 15.
	(a) Description			(b) Book value
(1)	Deferred outflows - pe	nsions		955,965
(2)	Deferred outflos - OPE	В		33,631
(3)	Deposit	<u></u>		17,500
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	1,007,096
Part X	Other Liabilities.	·	•	
	Complete if the organization answered "Yes" of	n 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	ncome taxes			
(2) Non-c	urrent Liab - Net Pension Liab			4,221,262
(3) Defer	red inflows - pensions			3,273,364
(4) Non-c	urrent Liab - Net OPEB Liab			207,550
	ed Expenses			193,858
	red inflows - OPEB			51,292
(7)				
(8)		_		
(9)		<u> </u>		
	(b) must equal Form 990, Part X, col (B) line 25)		<b>•</b>	7,947,326
	uncertain tax positions In Part XIII, provide the text of the fo	ootnote to the organization	s financial statements that r	
-	liability for uncertain tax positions under FASB ASC 740 CF			
DAA				edule D (Form 990) 2019

Sche	edule D (Form 990) 2019 Colorado International Lang	uage	46-225456	8	Page <b>4</b>
PE	Reconciliation of Revenue per Audited Financial State	ements Wit	h Revenue per	Retu	rn.
HALDIANIA X	Complete if the organization answered "Yes" on Form 99	0, Part IV, li	ne 12a		
1	Total revenue, gains, and other support per audited financial statements			1	3,575,225
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	3,575,225
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	3,575,225
Pa	Reconciliation of Expenses per Audited Financial State	tements Wi	th Expenses p	er Re	turn.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, li	ne 12a		
1	Total expenses and losses per audited financial statements			1_	2,944,756
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			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3_	<u>2,944,756</u>
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	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		]	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		[	5	2,944,756

Part 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

Schedule D (Form 990) 2019 Colorado International Language

RantXIII 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

YES

X

NO

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Colorado International Language Academy

Employer identification number 46-2254568

#### **Partill**

- Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 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, 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 describe If "No," please explain If you need more space, use Part II

These policies are available upon request, on our website and the student handbook.

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.
- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- **b** 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
- 7 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

	3	X	
l	in		
	4a	X	<u></u>
	4b	x	
	4c	X	
	4d	X	HUMUMAN
			THEMPHE
	_5a	-	<u>x</u>
	5b		x
	5c		X
	[		<b></b>
	5d		X
	5e		х
	5f		X_
	5 <u>g</u>		X
			3.7
	5h	CERRE	
	6a	X	
	6h		X
	7	X	

Schedule E (Form 990 or 990-EZ) 2019 Colorado International Language 46-2254568 Page 2

Partill

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.

2019
Openic Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Colorado International Language
Academy

Employer identification number

46-2254568

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 was reviewed by the Director of Finance and the board 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.