Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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<u>B</u>	Check if a	applicable:	C Name	of organizati	jon													D E	mploye	identific	ation number	
	Address	change				ME	SA V	ALLE	Y C	UMMO	NI	Y SO	CHOOL	, INC								
$\overline{\sqcap}$	Name ch	anna	Doing	business as														4	7 - 1	1668	14	
=		*		er and street	•	box If n	nail is not o	delivered	to stree	et addres	s)					Room/su	ite	E 1	elephone	number		•
_	Initial retu			9 25 R														9	<u> 70-</u>	<u> 254-</u>	7202	
	Final retu terminated		City o	r town, state	or provin	ice, cour	ntry, and Z		•													
				UU DNA					CO	8150	5							G (ross rec	eipts \$	4,247	,839
=	Amended		F Name	and address	of princ	ipal offic	er:															\[\frac{1}{2}\]
	Applicatio	n pending	DA	\mathtt{NIEL}	BAK	KER										H(a)	s this a	group re	turn for s	subordinate	s? Yes	X No
			60	9 25	ROP	AD.										H(b) /	Are all s	ubordina	ates inclu	ded?	Yes	No
			GR	AND d	JUNC	TTC	N			CO	8	1505					lf "N	o," attac	halist.	See Instru	ctions	
	Tay-eyer	npt status;		501(c)(3)		501(c)	/ /	١ 🖪	(insert n			4947(a)(1		527								
<u>+</u>	Website			IESAV <i>I</i>			<u> </u>) or	327			_					
-				Corporation	-		_				J • C	/1/(5			T				numbe	_		
		organization:			Tn	ust	Associa	ation	Oth	er 🕨					JL Ye	ar of form	nation:	<u> </u>	8	M State	of legal domicil	e: <u>CO</u>
-	art I		ımmaı																			
	1	Briefly de	scribe t	ne organiz	zation's	missi	on or m	nost si	gnifica	ınt activ	vities	s		. .								
9	j ,	SEE	SCHE	onre o) 	. .					<i>.</i>		<i>.</i>			,						
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Governance	2	Check thi	s box 🕨	if th	e orga															•••••		
ජ	3	Number o	of voting	members	of the	gove	rning bo	dv (Pa	art VI.	line 1a	1)								₃	6		
	4	Number o	of indepe	endent vol	tina me	embers	s of the	gover	nina b	odv (P	art V	L line	1h)		• • • • • •				4	6		
itie	5	Total num	her of i	ndividuals	emak	ni baw	calend:	ar vea	r 2021	l (Part	V/ li	na 2a\			· · · · · · · ·	• • • • • •		• • • •	5	48		
Activities				volunteers															6	0		
ď										· · · · · · · · · · · · · · · · · · ·					• • • • • • •	• • • • • •	• • • • • •			0		
	l la	Total unre	ea bease	usiness re	venue	Irom	Part VIII	ı, colul	nn (∪), line '	12		• • • • • • • • • • • • • • • • • • • •			• • • • • • •			7a_			$\frac{0}{0}$
	, D	Net unrei	ated bus	siness tax	able in	come	from Fo	rm 99	0-1, P	art I, li	ne 1	1	<u></u>	· · · · · · · · · · · · · · · · · · ·	····				7b		O (W	0
	ا .	Cantributi	ana and	ovente /F	2ast 1711	II lina	4hl								⊢		Prior Y		310		Current Year	0.67
Пē	l ° '	Contributi	ons and	grants (F	an vii	II, IINE	''')	• • • • • •	• • • • • •	• • • • • • •			· · · · · · · · · ·					61,			922,	
Revenue	9	Program :	service	revenue (l	Part VI	III, IINO	· 2g)				<i></i>			<i></i>	⊢		3,42				<u>3,323,</u>	
ě	10	Investmer	nt incom	e (Part VI	ill, colu	ımn (A	ı), lines	3, 4, a	ind 7d	l)				<i></i>	⊢				723		<u> </u>	<u> 268</u>
	11 •	Other revo	enue (P	art VIII, co	olumn I	(A), lin	es 5, 6d	i, 8c, 9	9c, 10¢	c, and	11e)	·			📙				471			0
_				idd lines 8													3,89	92 <u>,</u> (216		<u>4,247,</u>	<u>839</u>
	13	Grants an	ıd similə	ır amounts	s paid	(Part I	X, colun	nn (A)	, lines	1–3)					L							0
	14	Benefits p	aid to d	r for mem	ibers (l	Part IX	(, colum	n (A),	line 4)	`					- 1							0
ທ	15	Salaries,	other co	mpensatio	on, em	ployee	benefit	s (Par	t IX, c							2	2,08	39,5	527		2,641,	353
Expenses	16a	Profession	nal fund	raising fee	es (Par	t IX. c	olumn (A). line	e 11e))	•		7		···							0
be	b	Total fund	raising	expenses	(Part !	IX. col	umn (D)). line	25) 📂	· · · · · · ·	• • • • •			0	Y.		21 Av.			3. ×19,10.		
Щ			-	Part IX, c					•						📙	-	L, 69	94 (144		1,291,	288
				Add lines							lino	 26\			··· -		3,78				3,932,	
				enses, Si						iiii (v-v),	IIIIC	20)			···			08,			315,	
5 %	19	Ve Aeurie	ICOS CA	Je11568, Ot	ubilaci	IIIIe I	O HOULT	IIIE IZ								Beginni					End of Year	190
Net Assets or Fund Balances	20	Total asse	ets (Part	X, line 16	6)										-		1,76				4,974,	586
\$ E	21			art X, line	00)									, , ,	- 1		2,86				2,756,	
草草	22 1			d balance:								• • • • • •			├-		L, 90					
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Sig		Si	gnature of	officer															Date			
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	1990 (2021) MESA VALLEY COMMUNITY SCHOOL, INC. 47-1166814	Page 2
Pε	art III Statement of Program Service Accomplishments	F-71
	Check if Schedule O contains a response or note to any line in this Part III	X
1	= ··-··/, ··-····························	
S	SEE SCHEDULE O	**********

2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,321,226 including grants of \$) (Revenue \$	3,323,704)
P	PROVIDED A PERSONALIZED LEARNING PLAN FOR 391 STUDENTS.	***************************************

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41	/O. I	
4D 7.1	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
IV	I/A	
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	· · · · · · · · · · · · · · · · · · ·	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	I/A	

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	·	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 3,321,226	
4e	Total program service expenses ► 3,321,226	

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	•	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
,	election in effect during the lax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		,,,
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		7.7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		Χ
Ü	complete Schedule D. Part III	_		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	. 8		_X
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt pagatistica conjugação f "Vac." complete Cabadida D. Dart IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	"		
	or in guari andownents? If "Yes," complete Schoolule D. Bout V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	N. Pari	Δ.
•	VII, VIII, IX, or X, as applicable.		1 (1) 1 (1)	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1.000	
	complete Schodule D. Port VII	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	, 1a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Ì	Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.5	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			
40	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?			
ሳለ	If "Yes," complete Schedule G, Part III	19		<u>- X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
) 24	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	ا . ا		•
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X

P	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 individuals	on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						l
	employees? If "Yes," complete Schedule J				23		X
24a		,					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines						l
	through 24d and complete Schedule K. If "No," go to line 25a			L	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	аг					
	to defease any tax-exempt bonds?	,	, , , , .		24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess						ł
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a						ĺ
	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	<u> </u>	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu	ırrent					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26	ļ	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	key					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						1
	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 the Schedul	e L,				X.4	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?) If					ĺ
_	"Yes," complete Schedule L, Part IV	.			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		Χ
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"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 in	W			29		Χ
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, Par	t I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II		.		32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula						.,
					33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	Ш,					٠,,
25-	or IV, and Part V, line 1	• • • • • •			34	<u> </u>	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				056		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		· · · · · · ·		35b	ļ	
30					20		v
37	***************************************		· · · · · · ·		36	 	X
3 r	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, Pan				07		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b				37		X
JU	19? Note: All Form 990 filers are required to complete Schedule O.	and			20		Х
P	art V Statements Regarding Other IRS Filings and Tax Compliance			1	38	L	Λ
	Check if Schedule O contains a response or note to any line in this Part V						
	Chook is Conformed C Contrained a response of fixte to any line in this fait V					Yes	No.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	 1a	32	۲	Mad	162	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				40
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>					
•	reportable gaming (gambling) winnings to prize winners?				1c		
	The state of the s	· · · · · ·					

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,,,,			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		***************************************	10.00		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth-	ority c	ver.			
	a financial account in a foreign country (such as a bank account, securities account, or other financial acc	-		4a		Х
b	If "Yes," enter the name of the foreign country	,	·			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unfe i	TRAR)			
5a	Man the exemption a marks to a probability of the Man the Man the Man the state of the Man the Man the State of the Man		•	5a	lata 3	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 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 did the					7.7
	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 contributions of	or				
_	gifts were not tax deductible?			6b	*	7 7 4 4 5 4
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s			complexion.	
				7a		X
b				7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ا معالمات	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 a	s required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the		77 C.N.		
	sponsoring organization have excess business holdings at any time during the year?			8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.					<u> </u>
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:			333	\$3% <u>.</u>	2.5
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:					A.
а	Gross income from members or shareholders	11a		13.524.0		
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 Form 10			12a		البوار غيدر غمد
	• • • • • • • • • • • • • • • • • • • •	12b		48348	1,311,3	\$7.5H
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1997	
а	In the parameters in managed to increase wealther the able place in account the place of the parameters.			13a	- "	
	Note: See the instructions for additional information the organization must report on Schedule O.		******************	3/15	175. 8	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	· · · · · · · · · · · · · · · · · · ·	13b		-73.2		
C		13c				
14a	Did the examination receive any property for indept transies are incentive the transies and		<u> </u>	14a	75 5 5	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		• • • • • • • • • • • • • • • • • • • •	140		
				15		Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			10	10.7,000	3 31
16		0		10.1	1000	
·	Is the organization an educational institution subject to the section 4968 excise tax on net investment income in "yes" complete Form 4730. School: 0.	ıme?		16	10.50	Х
17	If "Yes," complete Form 4720, Schedule O.			15.50)144.]	لندد
'	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			ا ا		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		gert, evers
	If "Yes," complete Form 6069.				1.044	100 1 1

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa Each committee with authority to act on behalf of the governing body? h Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, X Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records COSTELLO, SMITH AND COMPANY, P.C. 743 HORIZON COURT, SUITE 300A

GRAND JUNCTION

970-241-0921

CO 81506

orm 990 (2021)	MESA	VALLEY	COMMUNITY	SCHOOL	TNC	47-1166814

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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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 <u>See</u> the instructions for the order in which to list the persons above.

Check this box if neither the orga	un∠au∪n norany T	relat	eu 0			и со	inpe	nsateα any current oπicer, α	inector, or trustee.	
(A) Name and title	(B) Average hours per week	bo of	x, unh ficer a	Pos check ess pe ind a	rson i directo	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LAURAJEAN DOWNS										
DIRECTOR	40.00			X				81,605	0	8, 337
(2) DANIEL BAKER										
PRESIDENT	2.00	Х						0	0	0
(3) CAROLYN LENDERMA									;	
VICE PRESIDENT	2.00	Х						0	0	0
(4) NATHAN BRANTLEY										
TREASURER	2.00	Х					-	0	0	0
(5) MARTHA BRABAEK										<u></u>
BOARD MEMBER	2.00 0.00	Х						o	0	0
(6) GEORGE RAU										
BOARD MEMBER	2.00	Х						0	0	0
(7) KALISTA WICKHAM			!							
BOARD MEMBER	2.00	Х						0	0	0
(8)										
(9)										
•••••										
(10)										
(11)										
·····										

(A) Name and title	(B) Average hours	bo	x, unte	Pos check ess pe	more rson i	than o s both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal						:	<u> </u>	81,605		8,33
c Total from continuation shee d Total (add lines 1b and 1c)		ectio	n A				<u>▶</u>	81,605		8,33
2 Total number of individuals (inc reportable compensation from			to th	ose	listed	abo	ve)	who received more than \$10	00,000 of	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization. 5 Did any person listed on line 1s for services rendered to the organization. 	complete Schedul 1a, is the sum of zations greater the control areceive or accru	le J frep ian S ie co	for some	uch i ele co ,0001 ensat	indivionpe ompe ? If " ion fi	idual ensat Yes," rom a	ion a	and other compensation from the such and other compensation from the such and an arrelated organization or incompensation or incompensatio	n the dividual	3 X 4 X 5 X
Section B. Independent Contractor Complete this table for your five compensation from the organize	e highest compen ation, Report com	sate pen:	d ind	deper	nden the	t cor	ntrac ndar	year ending with or within t	he organization's tax year.	
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
2 Total number of independent or	ontractors final esti	na h	ut no	ot live	ited	to #s	Oec	listed above) who		
received more than \$100,000 c	f compensation for	om	the c	orgar	izati	on 🕨		noted above, who	0	Form 990 (20)

Pa	rt V			Revenue dule O conta	ins a	respons	se or note	to any line in thi	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campa Membership due Fundraising ever	s		1a 1b 1c						
ons, Gifts Similar	d e	Related organization Government grants (con All other contributions, given the contributions, given the contributions, given the contributions of the contri	itions , . intributions	s)	1d 1e		922,664				
ontributic nd Other	•	and similar amounts no Noncash contributions i lines 1a-1f	ncluded ir	ı 	1f 1g		203				
ਹ ਫ	h	Total, Add lines	1a–1f .				<u>.</u>	922,867			
							Business Code				
rvice	2a b	STATE PER E		FUNDING			611600 611600	· · · · · · · · · · · · · · · · · · ·	3,295,031 152,471		
Program Service Revenue	q	EQUALIZATIO	N ADJ	JUSTMENT			611600		-123,798		
Progra Re	e f		,	a revenue							
	a	Total. Add lines						3,323,704	AT AND WILLIAM		
	3	Investment incom other similar amo	ne (incl ounts) _.	uding dividends,	intere	est, and	>	1,268			1,268
	4 5	5 Royalties(i) Real			······································						
	6a b	Gross rents Less: rental expenses	6a 6b								
	C	Rental inc. or (toss)	6c								
	d 7a				(ii)	Other					
Revenue	b	Less: cost or other basis and sales exps.	7b				• ···				
P.		Gain or (loss)	7c		•						
Other		Net gain or (loss) Gross income from					<i></i> ▶				
		(not including \$ of contributions reported to). See Part IV, line			8a						
		Less: direct expe	nses .		8b						
	c 9a	Net income or (lo Gross income fro	m gam	ning	ents/		<u></u> ▶				
	b	activities. See Pa Less: direct expe			9a 9b						
		Net income or (lo	-				🕨				
	10a	Gross sales of in returns and allow			10a						
		Less: cost of goo	ds sold	l	10b						
	С	Net income or (lo	ss) fror	m sales of inven	tory		D			Republican Commission	THE STREET STATE OF STREET AND A
aneous enue	11a b	•		• · · · · · · · · · · · · · · · · · · ·			Business Code	Mark Charles		<u> </u>	
iscellane Revenu	c										
Σ		All other revenue					L			Still Weight Still	Residence in the first
		Total, Add lines Total revenue, S					P	4,247,839	The second of the second	0	1,268

Form 990 (2021)

Part IX Statement of Functional Expenses

Do not include amounts reported on thiss do, 70.	0000	ion 501(c)(3) and 501(c)(4) organizations must contains a responsible.			ete column (A).	
1 do the set deter assistance to democial segurations on consults personnels See Part N. Inte 21 2 Cantas and other assistance to domestic individuous See Part N. Inte 21 3 Griffs and other assistances to freely individuous programments and training and the set of the set o		not include amounts reported on lines 6b, 7b,		(B) Program service	Management and	Fundralsing
2 Grants and other assistance to dorenation inclinidations, See Peart IV, 10e 2 2 3 3 contained other assistance to Foreign originations, foreign governments, and foreign hiddricks. See Peart IV, 10e 15 and 16 4 5 denieths paid to or members or Compensation of current offices, disorders, tusiness, and ley enticybece contained persons (as other during section of current offices, disorders, tusiness, and ley enticybece (as other during section of current offices, disorders, tusiness, and ley enticybece (as other during section of current offices, disorders, tusiness, and ley enticybece (as other during section of current offices, disorders, tusiness, and ley enticybece (as other during section of current offices, disorders) and particles section of current offices, disorders and particles section (2014) and 4000 persons encounted in each of section (2014) and 4000 persons or current of current offices, disorders and current of current offices, disorders and current offices, disorders and current of current offices, disorders and current off		· · · · · · · · · · · · · · · · · · ·				O Apollous
Service and other southerners to troops		and domestic governments, See Part IV, line 21				
3 Guts and other associations to foreign organizations, foreign governments, and facility habituals. See Part IV, lines 15 and 15 and facility habituals. See Part IV, lines 15 and 15 and facility habituals. See Part IV, lines 15 and 15 and facility habituals. See Part IV, lines 15 and 15 and purposes of confidence section 4680(0) and purposes decided under section 4680(0) and purpose section in section 4680(0) and purpose section facility in the section 4680(0) and purpose section facility in the section section 4680(0) and purpose section facility in the section section 4680(0) and 468	2					
organizations, foreign governments, and footing halfwidths. See Park II, the 15 and 16 footing halfwidths. See Park II, the 15 and 16 footing halfwidths. See Park II, the 15 and 16 footing halfwidths. See Park II, the 15 and 16 footing halfwidths. See Park III (1997) and persons does that ye employees to disqualities prosons (as defined under section 4698(10)) and persons does forbind in section 4698(10) and 5000 margind or 4690) margind or 4690 mar		individuals. See Part IV, line 22				
tous betwickutes. See Part IV, lines 15 and 16. 4 Benefits post for for marrial ordicers, directors, trustees, and key encloyeres (a defined under section 4598(f)) and pations disorbid in section 4598(f)) and 479, and pations disorbid in section 4598(f) and 479, and 47	3	Grants and other assistance to foreign				
4 Benefits pald to or for members 5 Compensation of current officers, directors, tustiees, and key employees 6 Compensation of studied above to disquaried persons de defined under section 488(0)(1) and persons decided under section 488(0)(1) and 480(1) employer contributions) 7 Chier employee benefits 7 Section 2 Section 4 Section 488(0)(1) and 480(1) employer contributions) 7 Chier employee benefits 7 Section 4						
5 Compensation of current officers, directors, fusibles, and key entrolyces fusibles, and key entrolyces fusibles, and key entrolyces fusible prisons (as defined under section 488(8)(8)) and pasors described in accilian 488(8)(8)(8) and pasors described in accilian 488(8)(8)(8) and pasors described in accilian 488(8)(8)(8) and 488(9) entrolyser contributions (notified section 401(4) and 488(9) entrolyser contributions (notified section 401(4)) and 488(9) entrolyse (notified section 401(4)) and		foreign individuals. See Part IV, lines 15 and 16				
5 Compensation of current officers, directors, fusibles, and key entrolyces fusibles, and key entrolyces fusibles, and key entrolyces fusible prisons (as defined under section 488(8)(8)) and pasors described in accilian 488(8)(8)(8) and pasors described in accilian 488(8)(8)(8) and pasors described in accilian 488(8)(8)(8) and 488(9) entrolyser contributions (notified section 401(4) and 488(9) entrolyser contributions (notified section 401(4)) and 488(9) entrolyse (notified section 401(4)) and	4	Benefits paid to or for members				
6 Comparation not Included above to disqualified persons desided under section 4658(f)(3)(b) and partons described in section 4858(f)(3)(b) and 4858(f)(3)(b) a	5					
6 Comparation not Included above to disqualified persons desided under section 4658(f)(3)(b) and partons described in section 4858(f)(3)(b) and 4858(f)(3)(b) a		trustees, and key employees	89,942	89,942		
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7 Other salaries and wages 1, 892,075 1,790,228 101,847 8 Persion plan accusts and controllations (include section 401(s) and 403(t) employer contributions) 9 Other employee benefits 2/8,673 278,673 10 Payroll taxes 28,399 28,399 11 Fees for sorvices (numerophysees): a Management 72,598 72,598 b Legal 17,805 17,605 c Accounting 45,213 38,463 6,750 d Lobbyting 45,213 38,463 6,750 d Lobbyting 9 Other for professional furnishing services. See Part M, Ine 17 f Investment menagement fees 9 9 9 g Other, the first process consistent to 1 1,957 1,376 581 13 Office expenses 24,576 5,847 18,729 14 Information technology 177,912 172,258 5,654 15 Royanties 177,7912 172,258 5,654 16 Occupancy 81,874 25,238 56,636 17 Travel 30,689 21,962 8,727 18 Payments of travel or entertainment expenses for any foderant, state, or local public officials for any foderant, state, or local public officials for any foderant, state, or local public officials (19,932 109,932 109,932 10 Interest 1,892,925 190,932 10 Interest 1,790,024 107,074 11 Fixed 2,90,925 190,925 12 Payments to affiliations 2,90,925 190,925 13 Insurance 2,90,925 190,932 14 Payments to affiliations 1,90,932 1,90,932 15 Interest 1,90,932 1,90,932 16 Curlet rock of the stream o						
7 Other salaries and wages 1, 892,075 1,790,228 101,847 8 Persion plan accusts and controllations (include section 401(s) and 403(t) employer contributions) 9 Other employee benefits 2/8,673 278,673 10 Payroll taxes 28,399 28,399 11 Fees for sorvices (numerophysees): a Management 72,598 72,598 b Legal 17,805 17,605 c Accounting 45,213 38,463 6,750 d Lobbyting 45,213 38,463 6,750 d Lobbyting 9 Other for professional furnishing services. See Part M, Ine 17 f Investment menagement fees 9 9 9 g Other, the first process consistent to 1 1,957 1,376 581 13 Office expenses 24,576 5,847 18,729 14 Information technology 177,912 172,258 5,654 15 Royanties 177,7912 172,258 5,654 16 Occupancy 81,874 25,238 56,636 17 Travel 30,689 21,962 8,727 18 Payments of travel or entertainment expenses for any foderant, state, or local public officials for any foderant, state, or local public officials for any foderant, state, or local public officials (19,932 109,932 109,932 10 Interest 1,892,925 190,932 10 Interest 1,790,024 107,074 11 Fixed 2,90,925 190,925 12 Payments to affiliations 2,90,925 190,925 13 Insurance 2,90,925 190,932 14 Payments to affiliations 1,90,932 1,90,932 15 Interest 1,90,932 1,90,932 16 Curlet rock of the stream o		persons described in section 4958(c)(3)(B)				
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9 Other employee benefits	8					
9 Other employee benefits		section 401(k) and 403(b) employer contributions)	352,264	352,264		'
10 Payroll taxes 28,399 28,399 11 Fees for services (nonemployees): 72,598 72,598 12 Nanagement 72,598 72,598 17,805 17,805 13 Legal 17,805 38,463 6,750 14 Lobbying 45,213 38,463 6,750 15 Lobbying 45,213 38,463 6,750 16 Lobbying 75 Lobbying 7	9	Other employee benefits	278,673			
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b Legal	11	Fees for services (nonemployees):				
b Legal	а	Management	72,598		72,598	
C Accounting d Lobbying e Professional fundraising services. See Part IV. Ino 17 f Investment, management flees g Other, (If the 11g emount exceeds 10% of the 25, column (A) amount, list fine 11g espense or Steekdle O.) 24,892 24,642 250 Advertising and promotion 1,957 1,376 581 30 Office expenses 24,576 5,847 18,729 177,912 177,258 5,654 18 Royalties 18 Occupancy 81,874 25,238 56,636 17 Travel B Payments of traval or entertainment expenses for any forderal, state, or local public officials 9 Oreferences, convontions, and meetings 10 Conferences, convontions, and meetings 10 Payments to affiliates 20 Deprociation, depletion, and amortization 18 Payments to affiliates 20 Deprociation, depletion, and amortization 18 Payments convolved above (List miscellaneous expenses on time 24e, If the 24e amount exceeds 10% of line 10	b					
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g Ober, (if the 11g amount acceeds 10% of line 2ft, column (A) amount, list line 11g expenses or Schedule O.) 24, 892	f	Investment management fees				
12 Advertising and promotion 1,957 1,376 581 13 Office expenses 24,576 5,847 18,729 11 Information technology 177,912 172,258 5,654 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 10 payments to affiliates 20 perceiation, depletion, and amortization 1 Insurance 1 payments to affiliates 20 Other expenses. Itomize expenses not covered above (list miscellaneous expenses on line 24e, if line 24e expenses not covered above (list miscellaneous expenses on Schedule O.) 2 CURRICULUM 252,532 252,532 253 Total functional expenses. Add lines 1 brough 24e 264 Joint costs, Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses. Morting 190,925 30,179 30,179 30,179 30,179 30,179 30,179 30,179 4 Joint costs, Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses. Add lines 1 brough 24e 4 Joint costs, Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses and functional expenses. Add lines 1 brough 24e 4 Joint costs, Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and functionis solicitation. Check here ▶ if following SOP 992 (ASC 958-720)	g					
12 Advertising and promotion		(A) amount, list line 11g expenses on Schedule O.)	24,892	24,642	250	
13 Office expenses	12		1,957			
14 Information technology	13	Office expenses	24,576	5,847	18,729	
16 Occupancy	14	Information technology	177,912	172,258	5,654	
16 Occupancy	15	Royalties				
17 Travel 30,689 21,962 8,727 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 939 939 109,932 109,932	16	Occupancy	81,874	25,238	56,636	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 939 939 109,932 109,932 109,932 109,932 109,932 109,932 19 Ayments to affiliates 190,925 190,925 19 Ayments to affiliates 28,077 7,096 20,981 19 Citier expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 CURRICULIUM 252,532 252,532 3 SUPPLIES 107,074 107,074 4 TRANSPORTATION 30,179 30,179 6 All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 brough 24e 3,932,641 3,321,226 611,415 0 4 Indicated the complete this line only if the organization reported in column (8) joint costs from a combined educational campalagin and fundrashing solicitation. Check here if following SOP 98-2 (ASC 958-720)	17	Travel	30,689	21,962	8,727	
19 Conferences, conventions, and meetings 939 939 20 Interest 109,932 109,932 21 Payments to affiliates 22 Depreciation, depletion, and amortization 190,925 190,925 23 Insurance 28,077 7,096 20,981 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a CURRICULUM 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses, Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 following SOP 98-2 (ASC 958-720)	18	Payments of travel or entertainment expenses		-		
20		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization 190,925 190,925	19	Conferences, conventions, and meetings		939		
Payments to affiliates Depreciation, depletion, and amortization 1.90, 92.5 1.90, 92.5	20	Interest	109,932		109,932	
22 Depreciation, depletion, and amortization 1.90,925 1.90,925 23 Insurance 28,077 7,096 20,981 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 252,532 252,532 a CURRICULUM 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses, Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and fundraising solicitation. Check here Infectional campalgn and fundraising solicitation. Check h	21	Payments to affiliates				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CURRICULUM 252,532 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses, Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campalajn and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CURRICULUM 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	23	Insurance	28,077	7,096	20,981	
iine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a CURRICULUM 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses, Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		above (List miscellaneous expenses on line 24e. If				
a CURRICULUM 252,532 252,532 b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		line 24e amount exceeds 10% of line 25, column				
b SUPPLIES 107,074 107,074 c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		(A) amount, list line 24e expenses on Schedule O.)				
c PERFORMANCE EXPENSES 78,491 78,491 d TRANSPORTATION 30,179 e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	а			252,532		
d TRANSPORTATION 30,179 30,179 e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	þ	* * * * * * * * * * * * * * * * * * * *				
e All other expenses 15,623 15,623 25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	C	***************************************				
25 Total functional expenses. Add lines 1 through 24e 3,932,641 3,321,226 611,415 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	d	TRANSPORTATION				
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)	е	All other expenses				
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)			3,932,641	3,321,226	611,415	0
		organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1,269,088 1 1 812,513 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 3,637 <u>35,362</u> 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 24,167 9 34,167 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _______10a 3,470,765 b Less: accumulated depreciation 10b <u>4,092,54</u>4 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 4,767,657 4,974,586 16 Accounts payable and accrued expenses 17 391,508 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 2,4<u>72,</u>767 23 2,466,587 23 Unsecured notes and loans payable to unrelated third parties 24 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 8.598 25 26 Total liabilities. Add lines 17 through 25 ... 2,864,275 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 887,038 492,184 27 Net assets with donor restrictions

Occapitations that do not follow FASB ASC 958, check here ▶ 016,344 726,396 28 28 and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 1,903,382 32 2,218,580 Total liabilities and net assets/fund balances 4,767,657 33 4,974,586

Form 990 (2021)

orm	990 (2021) MESA VALLEY COMMUNITY SCHOOL, INC. 47-1166814			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		${ m f L}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,24	17,8	339
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,93	32,6	541
3	Revenue less expenses, Subtract line 2 from line 1	3	31	.5,:	198
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,90	3,3	382
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	2,21	8,5	580
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			,.	
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			150.5	7.1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		134.5	1	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain on		1		
	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				i
	Single Audit Act and OMB Circular A-133?		3a		Х
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		

SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer Identification number MESA VALLEY COMMUNITY SCHOOL, INC. 47-1166814 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),) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B, Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

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

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

<u> 5ec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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		19年2月,5月至至年	A STATE OF THE STA			
	tion B. Total Support					,	
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support, Add lines 7 through 10	sasino de la composición del composición de la composición del composición de la com	en Nadraja a de	THE STATE OF STATE	Talker State State	PET TIES IN SERVE	
12	Gross receipts from related activities, etc. (eae inetructione)	The state of the s		<u>politika kontra 1980 da 1</u>	12	-
13	First 5 years. If the Form 990 is for the org	* • • •	cond third fourth	or fifth toy year as	a section 501(c)(3)		
	organization, check this box and stop here	•		•	, ,, ,		▶ □
Sec	tion C. Computation of Public Su		age	<u> </u>	·····	**********	
 14	Public support percentage for 2021 (line 6,	· · · · · · · · · · · · · · · · · · ·	~	(f))		14	%
15	Public support percentage from 2020 Sched		4.4			سد ا	%
16a	33 1/3% support test—2021. If the organiz			and line 14 is 33	1/3% or more, chec		1
	box and stop here. The organization qualifi			_			▶ □
b	33 1/3% support test—2020. If the organization		-		is 33 1/3% or more		⁻ L
	this box and stop here. The organization qu			ration			▶ □
17a		· · · · · · · · · · · · · · · · · · ·	-		or 16b, and line 14		[_]
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact				•		
			-	·			▶ [7]
b	organization 10%-facts-and-circumstances test—202	0. If the organizatio	n did not check a h	ox on line 13, 16a	16b or 17a and li	ne	Ц
	15 is 10% or more, and if the organization r	-			-		
	in Part VI how the organization meets the fa				-		
			-	•			▶ □
18	Private foundation, if the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions	• • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	*********	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Giffs, grants, contributions, and membership fees						
	received, (Do not include any "unusual grants,")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's fax-exempt purpose		ļ				
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						
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				į		
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	7			1		
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		.,,				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		· · ·				
	and 12.)				1.		
14	First 5 years. If the Form 990 is for the organization, should this have and atom bear		cond, third, fourth, o	or tifth tax year as	a section 501(c)(3)		. 🗂
200	organization, check this box and stop here			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			▶ ∟
	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,	column (t), divided I	by line 13, column	(t))		15	
6	Public support percentage from 2020 Sched	Jule A, Part III, line	15			16	<u>%</u>
	tion D. Computation of Investme			1 485			
17	Investment income percentage for 2021 (lin	ne 10c, column (f), c	divided by line 13, o	column (f))		17	<u>%</u>
8 0-	Investment income percentage from 2020	Schedule A, Part III,	line 17	, , , , , , , , , , , , , , , , , , , ,			%
9a	33 1/3% support tests—2021. If the organ						, [
L	17 is not more than 33 1/3%, check this box						▶ ⊔
b	33 1/3% support tests—2020. If the organ						. □
ν.	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	ine 14, 19a, or 19	o, cneck this box a	and see instructions		▶ []

INC.

Part IV Supporting Organizations

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

VALLEY COMMUNITY SCHOOL,

Section A. All Supporting Organization	Section	Α.	All	Supporting	Organization	ıs
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Va -	
r	Yes	No
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	9889	Day.
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	Park Inc. 124	
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	BRAN	2.5
9b		
9b		V alli
9c		
	(12. 22)	
10a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

3b

1	le A (Form 990) 2021 MESA VALLEY COMMUNITY SCHOOL			814 Page 6
<u>Par</u>				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2			
	instructions. All other Type III non-functionally integrated supporting organizations must constructions.	omplet	e Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3,	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			***
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Maria de la compansión
	instructions for short tax year or assets held for part of year):	130		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	"	
	Fair market value of other non-exempt-use assets	1c	'	
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	-	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
. 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	CONTRACTOR NOT THE	
2	Enter 0.85 of line 1,	2	Berneth Adding to the	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	英国的中央扩展的	
4	Enter greater of line 2 or line 3.	4	Bask Carrie Sant	
- 5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III s	upporting organization	
	(see instructions).			

Schedule A (Form 990) 2021

Schedu Parl	t V Type III Non-Functionally Integrated 509(a)(3)		ione (continued)	814 Page 7
r an	t V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continuea)	
Secti	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide detail	ls in Part VI)		
6	Other distributions (describe in Part VI). See instructions.	<u></u>		
7	Total annual distributions. Add lines 1 through 6.		<u> </u>	
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	т	
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021	· · · · · · · · · · · · · · · · · · ·		
	(reasonable cause required-explain in Part VI). See			
	instructions.		The first of the second second ways as	
3	Excess distributions carryover, if any, to 2021		Complete Com	
	From 2016			
	From 2017			
	From 2018			
	From 2020			
	From 2020		次を発展的大学を発展して日本語号 日本日本大学の大学は、大学に	
	Total of lines 3a through 3e	Michalian en communicativo a ADM	46 (6) 240 (children no 140)	
	Applied to underdistributions of prior years Applied to 2024 distributions of prior years		Telephone is the second of the second	
	Applied to 2021 distributable amount	· 一定工具的工具的工具的工程。		ncarears fragiles and a care
	Carryover from 2016 not applied (see instructions)		- Palata Antonio de la	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from	addit Agains to the assign of		
4	Section D, line 7: \$			
	Applied to underdistributions of prior years	1 (2005) 488. A MARKEY TOURS	on the state of th	
	Applied to underdistributions of prior years Applied to 2021 distributable amount	Belling Street Street		Udina Parkar in dimeraka
	Remainder. Subtract lines 4a and 4b from line 4.	Barrier der Bergereit der dem Generationen der Generation der Gene		
5	Remaining underdistributions for years prior to 2021, if		Chapter was Device in 18 April 1994 April 1971 A	
_	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h	54745 x 5 15 15 15 15 15 15 15 15 15 15 15 15 1	GURRON BOUND COMPANY	<u>तिकारी के अपने के किया के अपने के किया है ।</u>
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022, Add lines 3j	All the state of t		
	and 4c.			
	Breakdown of line 7:	Mark Strand Nation (17)		
	Excess from 2017	THE STREET		
	Excess from 2018	A Company of the Comp		
	Excess from 2019	Carrello Colonia		
	Excess from 2020			
	Excess from 2004	THE STATE OF THE S	The transplant of the second o	PART SAN

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b,

► Attach to Form 990, ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MESA VALLEY COMMUNITY SCHOOL, INC. 47-1166814 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, (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements ______ 2b 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 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 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.,

Sche	<u>dule D (Form 990) 2021 </u>	<u>LEY COMMUNI</u>	TY SCHOOL,	_INC.	47-11668	14	Page 2
Pa	urt III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Other Simil	ar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply):						
а	Public exhibition	dП	Loan or exchange pr	ogram			
b	Scholarly research	eП	Other	- 3			
C	Preservation for future generations	- L					
4	Provide a description of the organization's col	lections and explain h	ow they further the o	manization's e	evernt numose in	Port	
-	XIII.	iodiono ana oxpiam n	ow alloy lateror are o	iganization s c	szempt parpose in	rait	
5	During the year, did the organization solicit or	roccius denetions of	art historical transcere	e ou odko u o ou	:		
J							П., П.,
Do	assets to be sold to raise funds rather than to		it or the organization s	s collection?	*************		. Yes No
1.1.5	Complete if the organization	~	on Form 000 D	and IV. Lima (0		-
	990, Part X, line 21.	i alisweled Tes	on roini 990, re	art iv, iiie s	e, or reported a	in amount	on Form
4					<u> </u>	······································	
Та	Is the organization an agent, trustee, custodia		•				
	included on Form 990, Part X?						L Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:				
							Amount
¢	Beginning balance		,			1c	<u> </u>
d	Additions during the year					1d	
e	Distributions during the year		*******			1e	
f	Ending balance					_1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow or custo	odial account l	iability?		Yes No
	If "Yes," explain the arrangement in Part XIII.						
Pa	rt V Endowment Funds.						
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two ye	ears back (d) Ti	hree years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and		***				
_	,				İ		
d	Grants or scholarships			<u> </u>			
	Other expenditures for facilities and						
•							
	programs						<u> </u>
	Administrative expenses		· 		 -		
	End of year balance	<u></u>	.	1			
2	Provide the estimated percentage of the curre		line 1g, column (a)) h	eld as:			
a	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %						
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c should	•					
3a	Are there endowment funds not in the possess	sion of the organizatio	n that are held and a	dministered fo	or the		
	organization by:						Yes No
	(i) Unrelated organizations		******************				3a(i)
	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as required	on Schedule R?				3b
_4	Describe in Part XIII the intended uses of the	organization's endowr	nent funds.				
Pa	rt VI Land, Buildings, and Equi						
	Complete if the organization	answered "Yes"	<u>on Form 990, Pa</u>	<u>rt IV, line</u> 1	1a. See Form	990, Part)	<u>ζ, line 10.</u>
	Description of property	(a) Cost or other ba		other basis	(c) Accumulate		(d) Book value
		(investment)	(oti	her)	depreciation		
1a	Land			192,117	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		492,117
b	Buildings			65,465	565	,038	3,600,427
c	Leasehold improvements		1	,		, 	<u> </u>
	Equipment						
	Other Add lines 1a through 1e. (Column (d) must eq	ual Form 900 Port V	column (P) line 40s	1	·	- , -	4 000 E44
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organization's liability for uncertain tax positions under FASB ASC 740, Check here if the text of the footnote has been provided in Part XIII

Schedule D (Fo	orm 990) 2021	<u>MESA</u>	VALLEY	COMMUNITY	SCHOOL,	INC.	47-1166814	Page 5
Part XIII	Supplementa	l Info	rmation (cor	ntinued)				
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SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

MESA VÁLLEY COMMUNITY SCHOOL, INC. Employer identification number 47-1166814

P	art I			
			YES	NO
1	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?	1	X	
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?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 STATEMENTS ON THE RACIALLY NONDISCRIMINATORY POLICY ARE PROVIDED IN THE MVCS OFFICE, BUT NOT PUBLICIZED IN NEWSPAPER OR BROADCAST MEDIA.	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Χ	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	_4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c .	X	
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.	4d	Х	
		34 (
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a	s Asia Af	X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
đ	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	5h		Х
	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	-774		
		4/12		
	·			
		1000		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		17.5	
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	7	¥	

Schedule E (Fo			<u>MESA VA</u>	TLEA C	<u>OMMUNITY</u>	SCHOOL,	_INC.	<u>47-1166814</u>	Page 2
Part II	Supplemental	Information.	Provide the	explanations	required by P	art I, lines 3, 4	d, 5h, 6b, and	d 7, as	
	applicable. Also	provide any	other addition	nal informati	on. See instru	ctions.			
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Form 990 or 990-EZ or to provide any additional information,

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

MESA VALLEY COMMUNITY SCHOOL, INC.	47-1166814
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT A	CTIVITIES
MVCS CREATES OPPORTUNITY FOR STUDENTS TO PURSUE A PERSO	NALIZED LEARNING
PLAN SUPPORTED BY DISTRICT AND PRIVATE RESOURCES, TECHN	OLOGY, AND A
LEARNING COMMUNITY THAT INCLUDES FAMILY MEMBERS, TUTORS	, HIGHLY QUALIFIED
INSTRUCTORS, AND SPECIALIZED CONSULTANTS.	
FORM 990 - ORGANIZATION'S MISSION	
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INSTRUCTORS, AND SPECIALIZED CONSULTANTS.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEWS THE 990.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY
THE BOARD OF DIRECTORS REVIEWS ADHERENCE TO THE POLICY	AT BOARD MEETINGS
THROUGHOUT THE YEAR	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	TOP OFFICIAL
ALL SALARIES ARE DETERMINED BY THE DIRECTOR, WITH THE E	XCEPTION OF THE
DIRECTOR, WHOSE SALARY IS DETERMINED BY THE BOARD OF DI	RECTORS
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR	OFFICERS
ALL SALARIES ARE DETERMINED BY THE DIRECTOR, WITH THE E	XCEPTION OF THE

PAGE 1 OF 1

Form **990**

Two Year Comparison Report

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For calendar year 2021, or tax year beginning

07/01/21

, ending 06/30/22

2020 & 2021

Name

Taxpayer Identification Number

	MESA VALLEY COMMUNITY SCHOOL, INC	•			47-1	166814
			2020	2021		Differences
	1. Contributions, gifts, grants	1.			203	203
	2. Membership dues and assessments	2,				
	3. Government contributions and grants	3.	461,910	922	2,664	460,754
9	A Program service revenue	4,	3,428,912	3,323	3,704	-105,208
⊑	5. Investment income	5.	723	-	L,268	545
>	6. Proceeds from tax exempt bonds	6.				
œ	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming					
	10. Net gain or (loss) on sales of inventory	10,				
	11. Other revenue	11.	471			-471
	12, Total revenue. Add lines 1 through 11	12.	3,892,016	4,247	7,839	355,823
	13. Grants and similar amounts paid	13,				
	14. Benefits paid to or for members	14.				
<i>(</i>)		15.	71,987	89	9,942	17,955
S	16. Salaries, other compensation, and employee benefits	16.	2,017,540	2 , 551	411	533,871
9	17. Professional fundraising fees	17.				
х	18. Other professional fees	18.	277,652	160	,508	-117,144
Ш	19. Occupancy, rent, utilities, and maintenance	19.	27,304		L , 874	54,570
	20. Depreciation and Depletion	20.	177,864	190	925	13,061
	21. Other expenses	21.	1,211,224	857	7,981	-353,243
	22. Total expenses. Add lines 13 through 21	22.	3,783,571	3,932	641	149,070
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	108,445	315	5,198	206,753
	24. Total exempt revenue	24,	3,892,016	4,247	7 , 839	355,823
	25. Total unrelated revenue	25.				
ion	26. Total excludable revenue	26.	3,430,106	3,324		-105,134
mat	27. Total assets	27.	4,767,657	4,974		
٥	28. Total liabilities	28.	2,864,275	2,756		-108,269
든	29. Retained earnings	29.	1,903,382	2,218	3,580	315,198
£	30. Number of voting members of governing body	30.	6	6		
Ö	31. Number of independent voting members of governing body	31.	6	6		
	32. Number of employees	32.	46	48		
	33. Number of volunteers	33.	6			

_{Form} 990		Tax	Tax Return History			2021
Name MESA VALLEY COMMUNITY	COMMUNITA	SCHOOL, INC.			Employer 47-	Employer Identification Number 47-1166814
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants			213,288	461,910	922,867	
Membership dues						
Program service revenue			3, 390, 493	3,428,912	3,323,704	
Capital gain or toss Investment income			73 264	723	1 268	
Fundraising revenue (income/loss)	,)]	J	
Gaming revenue (income/loss)						
Other revenue			13,455	471		;
			3,630,600	3,892,016	4,247,839	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			65,892	71,987	89,942	
Other compensation			1,968,573	2,017,540	2,551,411	
Professional fees			339,634	277,652	160,508	
Occupancy costs			28,862	27,304	81,874	
Depreciation and depletion				•	190,925	
Other expenses			884,907	1,211,224	857,981	
Total expenses			3,485,706	3,783,571	3,932,641	
Excess or (Deficit)			144,894	108,445	315,198	
Total axamnt ravanua			3 630 600	3 892 016	D 2 A 7 A 3 G	
Total unrelated revenue			J			
Total excludable revenue			3,417,312	3,430,106	3,324,972	
Total Assets			,695,	,767,	974,	
Total Liabilities			,006,	2,864,275	,756,	
Net Fund Balances			1,794,937	1,903,382	2,218,580	