990 **990**

Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

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

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

Open to Public Inspection

A F	or the 2019 c	alendar year, or tax year beginning	7/1/2019	, and e		6/30/202	
THE REAL PROPERTY.	neck if applicable	C Name of organization Aurora Acad	emy Charter School Buildin	ng Corporation	0 1	Employer identi	fication number
A	ddress change	Doing business as				070704	
٦.		Number and street (or P.O. box if mail is n	ot delivered to street address)	Room/suite	and the same of th	278784	
N	ame change	10251 East First Avenue		1	E]	Telephone numb	er
In	itial return	City or town	State	ZIP code	(303	367-5983	
76	nal return/terminated	Aurora	CO	80010			
		Foreign country name Foreign	n province/state/county	Foreign postal		Gross receipts \$	608,938
A	mended return					31633 1663 913 6	
A	pplication pending	F Name and address of principal officer.		7. 7.	H(a) Is this a gr	oup return for subor	rdinates? Yes X No
		James Kamb 10251 East First Ave	Aurora, CO 80010		H(b) Are all si	ubordinates inclu	ded? Yes No
. 7	ax-exempt status		◀ (insert no.) 4947(a)(1) or 527	If "No," a	attach a list. (see	instructions)
			Land 1		Hitel Grown on	xemption numbe	
electrojastet		ww.aacademy.org					
K F	orm of organizati	on: X Corporation Trust Asso	ciation Other	LYe	ir of formation:	2004 ₩	State of legal domicile: CC
Pa		ummary		A STATE OF THE STA			
	1 Briefly	describe the organization's mission of	r most significant activitie	es: Issu	e debt and p	rovide facilit	es to Auroa
100	Acade	my Charter School.	and the state of t		eren der der Teories von Herrigen ein Herrigen.	. M.	300 AND CASE CASE AND AND CASE CASE CASE CASE CASE CASE CASE CASE
Activities & Governance			and the same and the				
Ver	2 Check	this box > if the organization d	scontinued its operations	s or disposed	of more tha	in 25% of its	net assets.
Go	3 Numb	er of voting members of the governing	body (Part VI, line 1a).			3	3
මේ		er of independent voting members of					3
ies		number of individuals employed in cal					(
<u>×</u>	6 Total	number of volunteers (estimate if nece	ssarv)			6	
Act	7a Total	unrelated business revenue from Part	VIII, column (C), line 12			7a	C
		related business taxable income from					0
						or Year	Current Year
	8 Contri	butions and grants (Part VIII, line 1h)				246,352	130,822
nne	9 Program service revenue (Part VIII, line 2g)					422,464	422,485
Revenue		ment income (Part VIII, column (A), li				66,221	55,631
Re		revenue (Part VIII, column (A), lines !			***************************************	C	0
		evenue—add lines 8 through 11 (must e				735,037	608,938
		s and similar amounts paid (Part IX, c				0	
		its paid to or for members (Part IX, co				C)
	15 Salarie	es, other compensation, employee benef	its (Part IX. column (A), line	es 5-10)		C	
Expenses		ssional fundraising fees (Part IX, colu				C) (
Gen		fundraising expenses (Part IX, column		0			
X	17 Other	expenses (Part IX, column (A), lines	11a-11d 11f-24e)		700	473,537	569,24
		expenses. Add lines 13-17 (must equ				473,537	569,241
		nue less expenses. Subtract line 18 fr				261,500	<u></u>
- s9	19 Kevei	ide less expenses, oublidornio 10 h	JIII III J		Beginning of	of Current Year	End of Year
arts o	20 Total	assets (Part X, line 16)				6,889,867	6,781,099
Ass	British and the second	liabilities (Part X, line 26)				4,733,512	
Net Assets or Fund Balances		ssets or fund balances. Subtract line 1				2,156,355	
	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	ignature Block					
Unde	or penalties of per	jury, I declare that I have examined this return, is	cluding accompanying schedule	es and statement	s, and to the be	st of my knowled	ige
and I	pellef, it is true, co	prect, and complete. Declaration of preparer (oth	er than officer) is based on all in	formation of whic	h preparer has	any knowledge.	
C:-		Burrouth Ull	4/4				
Sig		Signature of officer				Date	1
Hei	e	Bernadette M. Flew	ing, Treasure	1		1212	12020
		Type or print name and title			Gullian Samonaga		
	F	rint/Type preparer's name	Preparer's signature	1	Date	1 0	PTIN
Pai	d		Roth		12/2	-/20 Check self-em	L if
Pre	parer					1 301001	
		irm's name ▶			Firm	r's EIN 🏲	
	Control of the Contro	irm's address Bart A. Skidmore P			Pho	ne no.	
May	the IRS disc	uss this return w Bart A. Skidmore, C			. ~		X Yes No
,		1970 S. Lafayette St	, Denver, CO 80210 303-	365-1696			•

orm 99	0 (2019) Aurora Academy Charter School Building Corporation	20-1278784	Page Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to	any line in this Part III...........	
1	Briefly describe the organization's mission:		
	Issue debt and provide facilities to Aurora Academy Charter School.		
2	Did the organization undertake any significant program services during	g 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.		
	Did the organization cease conducting, or make significant changes in	how it conducts, any program	
	services?		X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each	h of its three largest program services, as measured by	y
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grants and allocations to others	S,
	the total expenses, and revenue, if any, for each program service repo	orted.	
	ECO 044 including or	anto of \$ 130,822 \ /Revenue \$ 60	18 938)
4a	(Code:) (Expenses \$ 569,241 including grades) include all costs necessary to service debt and provide facilities.	lities to the school	0,550)
) (Payanua ¢	
4b	(Code:) (Expenses \$ including gr		
		\/Payanua \$	
4c	(Code:) (Expenses \$ including g	rants of \$) (Revenue \$	/
4d	Other program services (Describe on Schedule O.)		
-tu	(Expenses \$ 0 including grants of \$	0) (Revenue \$ 0)	
4e	Total program service expenses 569,241		

4e Total program service expenses

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	^	X
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception:	240	\neg	
·	to defease any tax-exempt bonds?	24c		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C	If"Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	X	\ \ \
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35b		
00	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	 	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		 ^
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	X	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No				
3-60	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
L								
	Statements, filed for the calendar year ending with or within the year covered by this return	-						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	-		~				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	-	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							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44		^				
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		-				
oa	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 or			<u> </u>				
D	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
-	and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
а	Cross modified from monapore of characteristics	-						
b	Gross income from other sources (Do not net amounts due or paid to other sources							
40	against amounts due or received from them.)	12a						
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124						
b	Section 501(c)(29) qualified nonprofit health insurance issuers.							
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		1				
а	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
D	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Part VI

Secti	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations								
	any other officer, director, trustee, or key employee?		2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under								
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Χ				
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X				
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		_		.,				
	one or more members of the governing body?		7a		_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		l						
_	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during							
	the year by the following:		8a	Χ					
a	The governing body?		8b	X					
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached	- OD						
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Soot	ion B. Policies (This Section B requests information about policies not required by the)					
Sect	ion B. Policies (This Section B requests information about policies not required by the	THE THE TOVETUDE	Jours.	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such								
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· ·							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"							
	describe in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13		X				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and appro-	oval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?							
а	The organization's CEO, Executive Director, or top management official.	* * * * * * * *	15a	-	X				
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran		40-		_				
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	luate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard	16b						
	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	100						
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶								
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	0, and 990-T (Section	501(;)					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that a	oply.	3						
		explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of interest po	olicy,						
2004	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's								
	Martha Duncan	(303) 367-5983	3						
	10251 E. 1st Ave., Aurora, CO 80010								

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0-1	1278784	Pa

Part VII

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee		Position check more than one ess person is both an		tion nore than one son is both an		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Amy Hoen	1.00									
Principal	40.00			X		Χ			111,000	36,305
(2) James Kamb	1.00									
President	1.00	X								
(3) Courtnay Hazim	1.00									
Vice President	1.00		_	_	_		_			
(4) Bernadette Fleming	1.00									
Treasurer	1.00	X			_					
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	iH t	ghes	t Co	mpensated Em	ployees (continu	ıed)		
	(A) Name and title	(B) Average											
		pours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer		Highest compensated employee	_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe	ensation n the ation an	d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)			-	T		T							
(21)				T		T							
(22)			_	T						7			
(23)			_										
(24)													
(25)			-										
1b c	Subtotal	ection A						. •	0	0			305 0 305
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not line)	imited to those li	sted	abo	ve)	who	rece	eive				30,	
	reportable compensation from the organization										· ·	Yes	No
3	Did the organization list any former officer, dir employee on line 1a? <i>If</i> "Yes," complete Schee	ector, trustee, ke dule J for such in	ey em ndivid	nplo <i>lual</i>	yee 	, or	highe	est c	compensated		3		Χ
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual.	ater than \$150,0	000?	If "Y	'es,	" co	mplet	e S	chedule J for suc	ch	4		X
5	Did any person listed on line 1a receive or according services rendered to the organization? If ")	rue compensati	on fro	m a	any	unre	elated	org	ganization or indi	vidual	5		X
Sec	tion B. Independent Contractors	os, complete c	701100	Circ	0 10		01. 10.0						
1	Complete this table for your five highest comp compensation from the organization. Report c	ensated indeper	ndent	cor	ntrac	ctor:	s that	rec	eived more than	\$100,000 of e organization's	tax yea	ar.	
	(A) Name and business ad							T	(B) Description of se		(C) Compens		
													(
								+					
								+					
													C
2	Total number of independent contractors (inclinations)			o th	ose	list	ed ab		_				
-	more than \$100,000 of compensation from the	e organization	>					(0		Form 9	990	2010

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	e or i	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
w	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	0			Revenue and the second	
S I	С	-	1c	0				
fts,	d		1d	130,822			Harrie Co.	
ia G	е	_	1e	0				
ns,		All other contributions, gifts, grants, and						
er is		similar amounts not included above	1f	o				
를 등	q	Noncash contributions included in						
ont od			1g	\$ 130,822				
a 0	h	Total. Add lines 1a–1f			130,822			
				Business Code				
e e	2a	Lease Revenue		531120	422,485	422,485		
Program Service Revenue	b				0			
รูก เม	C				0			
gram Serv Revenue	d				0			
P. S.	е				0			
P	f	All other program service revenue			0			
	g	Total. Add lines 2a–2f			422,485			
	3	Investment income (including dividends, inte			55.004	FF 624		
		other similar amounts)			55,631 0	55,631		
	4	Income from investment of tax-exempt bond			0			
	5	Royalties		(ii) Personal	0			
	6a	Gross rents 6a		()				
	b	Less: rental expenses 6b			CONTRACTOR CONTRACTOR	and the state of	STATE OF THE STATE OF	construction of the second
	C	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		•	0			
	7a	Gross amount from (i) Securiti	ies	(ii) Other	_			
		sales of assets						
		other than inventory 7a	0	0				
ne	b	Less: cost or other basis					100	
en		and sales expenses 7b	0	0				
Sev.	С	Gain or (loss)	0	0		Terminal and the second		
-	d	Net gain or (loss)		<u>, , , , , , , , , , , , , , , , , , , </u>	0)		
Other Revenue	8a	Gross income from fundraising						
O		events (not including \$ 0						
		of contributions reported on line 1c). See Part IV, line 18	0.0	0				
	h	Less: direct expenses	8a 8b	1 0				
	b	Net income or (loss) from fundraising event			1 0			
	1993	Gross income from gaming activities.		T				
	Ju	See Part IV, line 19	9a					
	b	Less: direct expenses	9b	0				
	C	Net income or (loss) from gaming activities						
		Gross sales of inventory, less				A Commence of the Commence of		
		returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	С	Net income or (loss) from sales of inventory	1		0			
ns				Business Code				
eo ne	11a				0			-
llan /en	b				C			-
scellaneo Revenue	C	All other revenue			0			
Miscellaneous Revenue	u	Total. Add lines 11a–11d						
_	12	Total revenue. See instructions			608,938		S C	0
			_		333,300		Name and Address of the Owner, when the Owner, which	the same of the sa

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other of	reconizations must complete column (A)
Section 501 (c)(3) and 501 (c)(4) organizations must complete all columns. All other c	rdanizations must complete column (A).

	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				12/12/06/20
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				A STATE OF THE STA
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column		4 004	_	
	(A) amount, list line 11g expenses on Schedule O.)	4,824	4,824	0	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	155,200			
20	Interest	155,200			
21	Payments to affiliates	287,868		0	0
22	Depreciation, depletion, and amortization	201,000			
23	Insurance	0			
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule 0.)				
_	Escrow Refund to Aurora Academy Charter School	121,349	121,349		
a b		0			
C		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	569,241	569,241	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			-	
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2010)

Part X Balance Sheet

Cash—non-interest-bearing			Check if Schedule O contains a response or	note to	any line in this Part X .			
Pledges and grants receivable, net. 0.3 0.3 0.0 4. Accounts receivable, net. 4.139 4.3.169 5. Loans and other receivables from 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. 0.5 6. Loans and other receivables from 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 (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0.6 7. Notes and loans receivable, net. 0.7 0.0 8. Inventories for sale or use. 0.8 9. Prepaid expenses and deferred charges. 0.9 10a. Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 9,450,855 b. Less: accumulated depreciation. 10b 3,399.817 11a. Investments—positicly traded securities. 10b 3,399.817 12 Investments—positicly traded securities. 10b 3,399.817 13 Investments—positicly traded securities. 10b 11 14 Investments—positicly traded securities. 10b 12 15 Other assets. See Part IV, line 11. 0.12 16 Total assets. See Part IV, line 11. 0.13 17 Accounts payable and accrued expenses. 85,514 17 Accounts payable and accrued expenses. 85,514 17 177,599 18 Grants payable 1 part VI of Schedule D. 18 19 Deferred revenue. 0.18 10 Deferred revenue. 0.18 11 Ecrow or custodial account liabilities. 0.18 12 Loans and other payables to unrelated third parties. 0.22 12 Loans and other payables to unrelated third parties. 0.24 12 Loans and other payable to unrelated third parties. 0.24 13 Unsecured nortes and loans payable to unrelated third parties. 0.25 14 Unsecured nortes and loans payable to unrelated third parties. 0.23 15 Other liabilities of under, substantial contributor, or 35% controlled entity or family member of any of these persons. 0.22 12 Ecored mortages and notes payable to unrelated third parties. 0.24 15 Other liabilities of under, substantial co								
Pledges and grants receivable, net. 0.3 0.3 0.0 4. Accounts receivable, net. 4.139 4.3.169 5. Loans and other receivables from 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. 0.5 6. Loans and other receivables from 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 (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0.6 7. Notes and loans receivable, net. 0.7 0.0 8. Inventories for sale or use. 0.8 9. Prepaid expenses and deferred charges. 0.9 10a. Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 9,450,855 b. Less: accumulated depreciation. 10b 3,399.817 11a. Investments—positicly traded securities. 10b 3,399.817 12 Investments—positicly traded securities. 10b 3,399.817 13 Investments—positicly traded securities. 10b 11 14 Investments—positicly traded securities. 10b 12 15 Other assets. See Part IV, line 11. 0.12 16 Total assets. See Part IV, line 11. 0.13 17 Accounts payable and accrued expenses. 85,514 17 Accounts payable and accrued expenses. 85,514 17 177,599 18 Grants payable 1 part VI of Schedule D. 18 19 Deferred revenue. 0.18 10 Deferred revenue. 0.18 11 Ecrow or custodial account liabilities. 0.18 12 Loans and other payables to unrelated third parties. 0.22 12 Loans and other payables to unrelated third parties. 0.24 12 Loans and other payable to unrelated third parties. 0.24 13 Unsecured nortes and loans payable to unrelated third parties. 0.25 14 Unsecured nortes and loans payable to unrelated third parties. 0.23 15 Other liabilities of under, substantial contributor, or 35% controlled entity or family member of any of these persons. 0.22 12 Ecored mortages and notes payable to unrelated third parties. 0.24 15 Other liabilities of under, substantial co		1	Cash—non-interest-bearing			0	1	
3 Pledges and grants receivable, net. 0 3 0		2				697,275	2	726,862
A Accounts receivable, net 4,139 4 3,169		3			_		3	0
Secure Laans and other receivables from 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 .		4				4.139	4	3.169
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5				,		-,
Controlled entity or family member of any of these persons. Consideration								
Section Company Com						0	5	
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6				-		
7			A SOURCE OF THE PROPERTY OF TH			o	6	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	ts	7			_			0
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	sse	30.2						
10a	Ä							
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation				Ι΄		0		
b Less: accumulated depreciation 10b 3,399.817 6,188.453 10c 6,051,068 11				10a	9 450 885			
11 Investments—publicly traded securities. 0 11 0 12 0 13 10 12 0 13 10 14 10 13 10 14 10 14 10 14 10 15 10 10		b				6.188.453	10c	6.051.068
12 Investments—other securities. See Part IV, line 11.								
13 Investments—program-related. See Part IV, line 11.								0
14								0
15 Other assets. See Part IV, line 11.					<u>-</u>			0
16								0
17								6.781.099
18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 4,646,998 20 4,407,448 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21								
19 Deferred revenue 0 19 19 20 Tax-exempt bond liabilities 4,646,998 20 4,407,448 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 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 0 22 23 0 0 0 0 0 0 0 0 0								
Tax-exempt bond liabilities 4,646,998 20 4,407,448					_			
Secured mortgages and notes payable to unrelated third parties Description					_	4.646.998		4,407,448
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		10.00						,,,,,,,,
Unsecured notes and loans payable to unrelated third parties	S	100 100 100						
Unsecured notes and loans payable to unrelated third parties	iţi							
Unsecured notes and loans payable to unrelated third parties	ig				-	0	22	
Unsecured notes and loans payable to unrelated third parties	<u> </u>	23			_			0
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					_			
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D								
Part X of Schedule D								
Total liabilities. Add lines 17 through 25						0	25	0
Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions		26				4.733.512		4.585.047
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	10			7.		., , -		,,===,===
Net assets without donor restrictions	Se			eck ne				
Net assets withdu donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 2,156,355 27 2,195,052	an	27				2 156 355	27	2 196 052
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ba	40000000						2,190,032
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	pu	20					20	
Capital stock or trust principal, or current funds	Fu			300, CI	leck liefe			
Paid-in or capital surplus, or land, building, or equipment fund	ō	20				n	29	
31 Retained earnings, endowment, accumulated income, or other funds	ets							
32 Total net assets or fund balances	SSE		i i i i i i i i i i i i i i i i i i i					
33 Total liabilities and net assets/fund balances	t A							2 196 052
	Se							

Form **990** (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			608,	,938
2	Total expenses (must equal Part IX, column (A), line 25)	2			569,	,241
3	Revenue less expenses. Subtract line 2 from line 1	3			39,	,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	,156,	,355
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	,196	,052
Part					г	\neg
	Check if Schedule O contains a response or note to any line in this Part XII			·,	<u>· </u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
0-	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х	
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			La		
	reviewed on a separate basis, consolidated basis, or both:					
				- I	х	
b	Were the organization's financial statements audited by an independent accountant?		• -	2b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				V	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			3a		Х
	the Single Audit Act and OMB Circular A-133?		· F	Ja		
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		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such addits.	-	· · · · · · · · · · · · · · · · · · ·	THE REAL PROPERTY.	990	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

l Building Corporation	20-1278784
Section:	
X 501(c)(2) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foun	dation
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	on
501(c)(3) taxable private foundation	
(8), or (10) organization can check boxes for both the General Rule and a	a Special Rule. See
ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instruction ibutions.	
scribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33 1/3 ons $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	r 990-EZ), Part II, line f the greater of (1)
scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec year, total contributions of more than \$1,000 <i>exclusively</i> for religious, char purposes, or for the prevention of cruelty to children or animals. Complete	itable, scientific,
scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivear, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but one than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the pothis organization because it received <i>nonexclusively</i> religious, charitable aduring the year	no such hat were received arts unless the e, etc., contributions
	Section: X 501(c)(2) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private found for the section 527 political organization 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 601(c)(3) taxable private foundation 702 political organization can check boxes for both the General Rule and a secondary for the secondary for for for the secondary for for for for the secondary for for for for the secondary for for for for for the secondary for

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Aurora Academy Charter School Building Corporation

Employer identification number
20-1278784

Autora Aca	idemy Charter School Building Corporation		20-12/0/04
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A Foreign State or Province: Foreign Country:	\$130,822	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Aurora Academy Charter School Building Corporation

Employer identification number 20-1278784

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Leasehold Improvement Asbestos remediation, flooring and create two classrooms	\$ 130,822	6/30/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org				Employer identification number
	demy Charter School Building Corporation	4	instinut describe	20-1278784
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the			
	the following line entry. For organizations			
	contributions of \$1,000 or less for the year			
	Use duplicate copies of Part III if additiona			uctions.) • \$0
(a) No.				
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I		-		
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee
(a) No.	For. Prov. Country	T		
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
		(e) T	ransfer of gift	
		(-)	3	
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee
(-) NI-	For. Prov. Country			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				.,,
		(e)]	ransfer of gift	
		(-/	3	
	Transferee's name, address, and	IZIP+4	Relationsl	nip of transferor to transferee
(=\ Al =	For. Prov. Country			T
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2) 1 0.1000 0. 3.11	,,	,	(1)
		(e) 7	ransfer of gift	1
		(3)	3	
	Transferee's name, address, and	ZIP + 4	Relationsl	nip of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Auror	a Academy Charter School Building Corporatio	n	20-1278784
Part		Advised Funds or Other Similar Fu	inds or Accounts.
No. of Contract of		ed "Yes" on Form 990, Part IV, line 6	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	in donor advised
3	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
U	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		
Part	II Conservation Easements.		
LEGIN		ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for example)		on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a certi-		2c
d	Number of conservation easements included i		
	historic structure listed in the National Registe		<u>2d</u>
3	Number of conservation easements modified,	transferred, released, extinguished, or ter	minated by the organization during
561	the tax year	e conservationed S	
4	Number of states where property subject to co	onservation easement is located	handling of
5	Does the organization have a written policy re	garding the periodic monitoring, inspection	Yes No
_	violations, and enforcement of the conservation	on easements it noids?	a consequation easements during the year
6	Staff and volunteer hours devoted to monitoring, in	ispecting, nandling of violations, and emorcing	g conservation easements during the year
_	Amount of expenses incurred in monitoring, inspen	ating handling of violations, and enforcing con	servation easements during the year
7		cting, nandling of violations, and emorcing con	iservation easements during the year
	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?	of line 2(d) above satisfy the requirements	Yes No
•	In Part XIII, describe how the organization rep	ports conservation essements in its revenu	ue and expense statement and
9	balance sheet, and include, if applicable, the	toyt of the footnote to the organization's fir	pancial statements that describes the
	organization's accounting for conservation ea		tariolal statements that accompce the
Par		tions of Art, Historical Treasures,	or Other Similar Assets.
I al	Complete if the organization answer	red "Yes" on Form 990, Part IV, line 8	8.
1a	If the organization elected, as permitted unde	r FASB ASC 958, not to report in its reven	nue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educa	ation, or research in furtherance of
	public service, provide in Part XIII the text of t	he footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted unde	r FASB ASC 958, to report in its revenue s	statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educa	ation, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenue included on Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a	art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported un	der FASB ASC 958 relating to these items	S:
а			· · · · · ▶ \$
b	Assets included in Form 990, Part X		

Part	III Organizations Maintaining Collec	tions of Art	t, Histori	cal Trea	sures, or O	ther Si	imilar Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other r	ecords, cl	neck any	of the followin	g that m	ake significant u	se of its		
-	collection items (check all that apply):		,	,			a - .			
а	Public exhibition		d	Loan or	exchange prog	gram				
b	Scholarly research		e 🗍							
D			e	Other -						
С	Preservation for future generations									
4	Provide a description of the organization's co XIII.	llections and	explain ho	w they fu	rther the orgar	nization's	s exempt purpos	se in Par	t	
5	During the year, did the organization solicit or	receive dona	ations of a	rt, historic	cal treasures, o	or other	similar			
	assets to be sold to raise funds rather than to	be maintaine	ed as part	of the org	anization's co	llection?		Yes	3	No
Part	IV Escrow and Custodial Arrangeme	ents.								
	Complete if the organization answe 990, Part X, line 21.	red "Yes" or	n Form 9	90, Part	IV, line 9, or	reporte	ed an amount	on Forr	n	
1a	Is the organization an agent, trustee, custodia	an or other int	ermediary	for contr	ibutions or oth	er asset	ts not			
	included on Form 990, Part X?							Yes	s	No
b	If "Yes," explain the arrangement in Part XIII									
		,					Α	mount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				0
	Did the organization include an amount on Fe						at liability?	□ vo	s X	No
2a									°H	140
b	If "Yes," explain the arrangement in Part XIII.	Check here i	the expla	anation na	as been provid	ied on P	art XIII			
Part	V Endowment Funds.		_							
	Complete if the organization answer	red "Yes" o	n Form 9	90, Part						
	(a)	Current year	(b) Pric		(c) Two years I	-	d) Three years back		ır years	
1a	Beginning of year balance	0		0		0	(0
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0	(0
2	Provide the estimated percentage of the curr	rent year end	balance (line 1g, co	olumn (a)) held	d as:				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	0%.							
3a	Are there endowment funds not in the posse	ession of the c	organizatio	n that are	e held and adr	ninistere	ed for 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 organiz	ations listed a	as require	d on Sche	edule R?			3b		
4	Describe in Part XIII the intended uses of the									
DESCRIPTION OF THE PARTY OF THE	t VI Land, Buildings, and Equipment									
r ai	Complete if the organization answ	ered "Yes" o	n Form	990, Par	t IV, line 11a	a. See F	Form 990, Par	X, line	10.	
	Description of property	(a) Cost or o			or other basis		Accumulated		ook valu	е
	Description of property	(investr		1 ' '	(other)	de	epreciation			
1a	Land		0		310,000				31	0,000
b	Buildings		0	-	7,546,620		2,657,701		4,88	88,919
C	Leasehold improvements		0		892,381		453,952		43	88,429
d	Equipment		0		701,884		288,164		41	3,720
e	Other		0		0		0			С
	al. Add lines 1a through 1e. (Column (d) must e	egual Form 99	90, Part X.	column	(B), line 10c.)		▶		6,05	1,068

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
•	al derivatives	0		
2) Closely	held equity interests	0		
		_		
		-		
		-		
		-		
		-		
(F)		-		
(0)				
(H)				
otal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	0		
Part VIII	Investments—Program Related.	1 11X 11	Dort IV line 11c See Form	000 Part X line 13
	Complete if the organization answered		(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)	mn (b) must equal Form 990. Part X. col. (B) line 13.).	>		
(8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.	> (0		
(8)	Other Assets.			n 990, Part X, line 15.
(8) (9) Total. (Colu	Other Assets. Complete if the organization answere			n 990, Part X, line 15.
(8) (9) Total. (Colu	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15.
(8) (9) Total. (Colu Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15.
(8) (9) Total. (Colu Part IX (1) (2) (3)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15.
(8) (9) Total. (Colu Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere	d "Yes" on Form 990, scription	, Part IV, line 11d. See Forn	n 990, Part X, line 15. (b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E	d "Yes" on Form 990, scription	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere	d "Yes" on Form 990, scription	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answere (a) De Olumn (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Des	d "Yes" on Form 990, scription	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columna Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Compart X) 1. (1) Feder (2) Interes	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Des	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columna Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Compart X) 1. (1) Feder (2) Inter (3)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columna Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Compart X) 1. (1) Fede (2) Inter (3) (4)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columna Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Compart X) 1. (1) Feder (2) Inter (3)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation (Co	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation (Co	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	(b) Book value
(8) (9) Total. (Columnation of the columnation of t	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E) Other Liabilities. Complete if the organization answere line 25. (a) Deseral income taxes	d "Yes" on Form 990, scription B) line 15.)	, Part IV, line 11d. See Forn	ee Form 990, Part X,

Schedu	ale D (Form 990) 2019 Aurora Academy Charter School Building Corporation	20-1278784	Page 4
Par		eturn.	
Management of the Control of the Con	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	608,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	608,938
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	608,938
ALC: THE SECOND	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		000,000
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Neturn.	
1	Total expenses and losses per audited financial statements	1	569,241
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		000,241
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	569,241
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	569,241
	XIII Supplemental Information.	at V line 4. Dead	V line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IVI, lines 2d and 4b, Alex accomplete this part to provide any additional information.		X, IIIIe
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	

Schedule D (Fo	orm 990) 2019	Aurora Academy	y Charter Schoo	I Building Corp	oration	20-1278784	Page 5
Part XIII	Suppleme	ental Information	on (continued)				

SCHEDULE K

(Form 990)

A

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

Open to Public Employer identification number Inspection

OMB No. 1545-0047

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

20-1278784

Aurora Academy Charter School Building Corporation	ation							20-1278784	8784	
Part Bond Issues										
	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price		(f) Description	(f) Description of purpose	(g) De	(g) Defeased behalf of issuer	(i) Pooled financing
A CECEA Series 2004 AACS	20-1278784		9/15/2004		Acquire 99	Acquire and expand school	school.	Yes	No Yes No	Yes No
R CECEA Series 2013 AACS	20-1278784		6/26/2013	_	Refinar 100	Refinance Old Bond Issue	Issue		×	
							j.	1		
Part II Proceeds										
				A	В		O		D	
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
				7,508,180		6,246,000				
				494,675		422,055				
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds				297,079		158,017				
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds				6,713,000		0				
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion				2005	2013					
			Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds	ig issue of tax-ex	cempt bonds		;		;				
(or, if issued prior to 2018, a current refunding issue)?	ng issue)?			×		×				
15 Were the bonds issued as part of a refunding issue of taxable bonds	ig issue of taxab	le ponds		;	;					
(or, if issued prior to 2018, an advance refunding issue)?.	nding issue)? .			×	×				1	
16 Has the final allocation of proceeds been made?	ade?		×		×		1			
17 Does the organization maintain adequate books and records	ooks and records	s to support	;		;					
the final allocation of proceeds?			×		×					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for For	m 990.							Schedule K (Form 990) 2019	rm 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\scriptsize HTA}}$

9 N

20-1278784

Aurora Academy Charter School Building Corporation Schedule K (Form 990) 2019

Private Business Use

Yes Yes %00.0 0.00% 0.00% 0.00% S ô C Yes Yes 0.00% 0.00% 0.00% 0.00% ô S × × \times × B B Yes Yes × %00.0 %00.0 0.00% 0.00% å ô × × × × Yes Yes A A counsel to review any management or service contracts relating to the financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside outside counsel to review any research agreements relating to the financed property? Are there any research agreements that may result in private business use of Enter the percentage of financed property used in a private business use by entities Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization, If "Yes" to line 8a, was any remedial action taken pursuant to Regulations If "Yes" to line 8a, enter the percentage of bond-financed property sold or If "Yes" to line 2c, provide in Part VI the date the rebate computation was Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Are there any lease arrangements that may result in private business use If "Yes" to line 3c, does the organization routinely engage bond counsel or other Are there any management or service contracts that may result in private Was the organization a partner in a partnership, or a member of an LLC, Has there been a sale or disposition of any of the bond-financed property to a nongovernmental nonqualified bonds of the issue are remediated in accordance with the another section 501(c)(3) organization, or a state or local government Has the organization established written procedures to ensure that all other than a section 501(c)(3) organization or a state or local government. requirements under Regulations sections 1.141-12 and 1.145-2? Does the bond issue meet the private security or payment test? person other than a 501(c)(3) organization since the bonds were issued? which owned property financed by tax-exempt bonds? business use of bond-financed property? If "No" to line 1, did the following apply? Penalty in Lieu of Arbitrage Rebate? sections 1.141-12 and 1.145-2? of bond-financed property? bond-financed property? Total of lines 4 and 5. Rebate not due yet? Exception to rebate? Arbitrage No rebate due? disposed of Part IV Part III ပ ø q ပ ပ 8a q 0 3a 7 7 6 2 9

0.00% 0.00%

0.00%

0.00%

o

Schedule K (Form 990) 2019

×

×

Is the bond issue a variable rate issue?

3

performed.

Page 3

Part IV	IV Arbitrage (continued)	<		0		0			
		٧ - ١	ON O	Voe 0	N N	Yes	N C	Yes	N
4 a	Has the organization or the governmental issuer entered into a qualitied	res	2×	200	×	5		3	
ء	Name of provider								
د اد	Term of hedge								
ъ	Was the hedge superintegrated?	+	+						
9		+	1		;				
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	-	×		×				٠.
q	Name of provider.								
٥	Term of GIC								
Р	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		×		×				
9	Were any gross proceeds invested beyond an available temporary period?		×		×				
7	Has the organization established written procedures to monitor the								
red Post V	requirements of section 148?								
ב		A		В		J	S	О	•
		Voc	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations	3		3					
	Of federal tax requirements are timely toeinined and confederal tax requirements.								
	voluntary closing agreement program it self-remediation isn't available under								
	응	S. no sc	hadille	K See	nstructio	ns			
Part VI	Supplemental Information. Provide additional information lesponses to questions on concaractions are constructed in the supplemental information.	2	5						
							Sche	Schedule K (Form 990) 2019	n 990) 201

	20-1278784 Page 4
Schedule K (Form 990) 2019 Aurora Academy Charter School Building Colpulation Continued) Aurora Academy Charter School Building Colpulation Continued)	
	Schedule K (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

 $\,\blacktriangleright\,$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Aurora Academy Charter School Building Corporation

Employer identification number 20-1278784

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			unts
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods		Control of the Contro					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial				-			
17	Real estate—Other				-			
18	Collectibles				-			
19	Food inventory				<u> </u>			
20	Drugs and medical supplies							
21	Taxidermy							
22								
23	Scientific specimens							
24 25	Other ▶ (Leasehold Improve)	X	1	130 822	Financial Re	ecords		
26	Other • (Leasenoid Improve)			100,022				
27	Other • ()							
28	Other ► (
29	Number of Forms 8283 received	ov the orga	nization during the tax year	for contributions for				
	which the organization completed	Form 8283	B, Part IV, Donee Acknowled	dgement	29			0
	,						Yes	No
30a	During the year, did the organizat	ion receive	by contribution any property	y reported in Part I, lines 1 th	rough			
	28, that it must hold for at least th	ree years fi	rom the date of the initial cor	ntribution, and which isn't red	quired			
	to be used for exempt purposes f	or the entire	e holding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift	acceptance	e policy that requires the rev	iew of any nonstandard				
	contributions?					31		X
32a	Does the organization hire or use							.,
	noncash contributions?			* * * * * * * * * * * *		32a		X
b	If "Yes," describe in Part II.		and unam (a) for a time of a	early for which as lives (-) !-				
33	If the organization didn't report are checked, describe in Part II.	amount in	column (c) for a type of prop	berty for which column (a) is				

Schedule M (F	rm 990) 2019 Aurora Academy Charter School Building Corporation 20-12	78784 Page Z
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a the organization is reporting in Part I, column (b), the number of contributions, the number of item or a combination of both. Also complete this part for any additional information.	nd whether ns received,
	or a combination of both. Also complete this part for any additional mismatter	
	5.5 %	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 20-1278784 Aurora Academy Charter School Building Corporation Form 990, Part VI, Section B, Line 11b: Copies of Form 990 were distributed to Board Members for review via email prior to filing. Form 990, Part VI, Section B, Line 12c: Prospective Board Members are screened for potential conflicts of interest prior to appointment. Board Members are required to disclose conflicts of interest during Board meetings. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Aurora Academy Charter School Building Corporation	20-1278784

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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Open to Public

Employer identification number Inspection 20-1278784

Aurora Academy Charter School Building Corporation

Part	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization a	answered "Yes" o	on Form 990, Par	t IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state To foreign country)	(d) Total income End-	(e) End-of-year assets	(f) Direct controlling entity	Вu
(1)								
(2)								
(3)							-	
(4)								
(5)								
(9)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the ring the tax year.	e organization ar	nswered "Yes" on	Form 990, Part I	IV, line 34, bec	cause it ha	0
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	0)	2(b)(13) led
		1					Yes	S N
(1) Aurora A 10251 E First	(1) Aurora Academy Charter School 84-1530746 10251 E First Ave Aurora, CO 80010	Lease Facilities	00	501 (c)(3)	2	N/A		×
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
For Paperwol	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.				Schedule R	Schedule R (Form 990) 2019	2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\scriptsize HTA}}$

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Percentage ownership (i) Section 512(b)(13) N_o controlled Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing partner? å (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h) Disproportionate allocations? Yes No (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)
Direct controlling
entity Predominant income (related, unrelated, sections 512-514) excluded from tax under (state or foreign country) (c) Legal domicile (d)
Direct controlling pentity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of Part III Part IV (5) 0 3 Ξ (7) (2) (3) (4) 9 (3) 4 0 (5) 9

20-1278784

Schedule R (Form 990) 2019

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

				Voc	N
Note: Complete line 1 if any entity is listed in Parfs II, III, or IV of this schedule.		:	9	SD I	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-10?	or more related organ	izations listed in Parts			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift grant or capital contribution from related organization(s)				1c X	
				1d	×
				1e	×
e Loans of foat guarantees by ferated of gameration(s).				2	
					;
f Dividends from related organization(s)				1	×
g Sale of assets to related organization(s)				19	×
				1h	×
i Exchange of assets with related organization(s).				1i	×
i lease of facilities equiment or other assets to related organization(s)				÷	
בכמסכ כן ומכווונכס, פעמוף וופווי, כן כוופן מססכים וכן וכומוכע כוקמוובמוסוי(ס).					
k lease of facilities equipment or other assets from related organization(s)				14	×
				=	×
				- Tu	×
				42	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				 	< ;
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses.				1p	×
q Reimbursement paid by related organization(s) for expenses.				19	×
r Other transfer of cash or property to related organization(s)				1r ×	
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	implete this line, inclu	ding covered relationsh	covered relationships and transaction thresholds	thresholds.	
(a)	(q)		(p)	•	
Name of related organization	Transaction type (a—s)	Amount involved	Method of determining amount involved	ng amount involv	pe/
			Financial Statements	ts	
(1) Aurora Academy Charter School	υ	130,822			
			Financial Statements	ts	
(2) Aurora Academy Charter School		422,485			
			Financial Statements	ts	
(3) Aurora Academy Charter School	_	121,349			
(4)					
(5)					
(9)					
			Schedule	Schedule R (Form 990) 2019) 2019

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

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

(k) Percentage ownership																	
(j) General or managing partner?	No																_
	Yes																_
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)																	
	No																
(h) Disproportionate allocations?	Yes																
(g) Share of end-of-year assets									- 2								
(f) Share of total income																	
artners on)(3)	No																
(e) Are all partners section 501(c)(3) organizations?	Yes																
(d) Predominant income (related, unrelated, excluded from tax under	366110113 012-014)																
(c) Legal domicile (state or foreign country)											4						
(b) Primary activity																	
Name, address, and EIN of entity (a) (b) (c) (d) (e) (f) (g)		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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	Supplem	nental Information		
Part VII	Provide a	additional information for responses to questions on Schedule R. See instru	uctions	
	11001000	additional information for respondes to questions on confedere it. See main	dottorio.	