

Extended to May 16, 2022

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Banning Lewis Ranch Academy**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

7094 Cottonwood Tree Drive

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Colorado Springs, CO 80927**F** Name and address of principal officer: **Matthew Pacheco**
same as C above**D** Employer identification number**54-2193014****E** Telephone number**719-570-0075****G** Gross receipts \$ **14,210,309.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **blracademy.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2006** **M** State of legal domicile: **CO****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	See Schedule O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	10
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	850,966.	1,613,475.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,130,008.	12,574,799.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,326.	1,371.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,936.	20,664.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,203,236.	14,210,309.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,975,864.	13,585,230.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,975,864.	13,585,230.
	19	Revenue less expenses. Subtract line 18 from line 12	1,227,372.	625,079.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	32,768,797.	7,523,658.
22	Net assets or fund balances. Subtract line 21 from line 20	28,924,150.	1,765,679.	
			3,844,647.	5,757,979.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: **Matthew Pacheco** Signature of officer Date: **12-16-2021**
Matthew Pacheco, Treasurer
 Type or print name and title

Paid Print/Type preparer's name **Thomas G. Sistare** Preparer's signature Date Check if self-employed ☐ PTIN **P00356968**
Preparer Use Only Firm's name **Hoelting & Company, Inc.** Firm's EIN **30-0514455**
 Firm's address **31 E Platte Ave, Ste 300** Phone no. **719-630-1091**
Colorado Springs, CO 80903

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No