

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
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 2017 calendar year, or tax year beginning **07/01/17**, and ending **06/30/18**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fort Collins Montessori School		D Employer identification number 90-0925441
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) 1900 Taft Hill Road		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Fort Collins CO 80526		G Gross receipts 1,167,443
	F Name and address of principal officer: Nancy Tellez		

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: www.focomontessori.org	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2013	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 2017 (Part V, line 2a)	5	46
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	88,811	97,885
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	905,638	1,069,262
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31	296
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	994,480	1,167,443
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,387,675	1,748,578
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	321,493	363,761
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,709,168	2,112,339
	19 Revenue less expenses. Subtract line 18 from line 12	-714,688	-944,896	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,906,319	2,274,994
	22	Net assets or fund balances. Subtract line 21 from line 20	2,911,362	4,292,035
		-1,005,043	-2,017,041	

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	<i>Nancy Tellez</i> Signature of officer		Date
	Nancy Tellez Type or print name and title		President
Paid Preparer Use Only	Print/Type preparer's name John Cutler	Preparer's signature <i>John L. Cutler</i>	Date 05/10/19
	Firm's name John L Cutler & Associates	Firm's EIN 20-2011689	Check <input type="checkbox"/> if self-employed PTIN P00879543
	Firm's address 600 17th St S Ste 2800 Denver, CO 80202-5428	Phone no. 303-634-2259	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.