Form 990

Department of the Treasury

Т

Return of Organization Exempt From Income Tax

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



Intern	al Revenu		atest ini		inspection	
AF	or the 2	2023 calendar year, or tax year beginning $ { m JUL}1,2023$ and end	لل gnit	JN 30, 2024		
Bc	heck if C Name of organization D Employer identification number					
a	oplicable:					
	Address change	NLCS Building Corporation				
	Name change	Doing business as		85-315804	17	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number		
	Final return/	2091 Dayton Street		303-340-7		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	423,688.	
	Amende return			H(a) Is this a group re	turn	
	Applica-	F Name and address of principal officer: Jennifer Douglas		for subordinates	? Yes X No	
	pending	same as C above		H(b) Are all subordinates ind	cluded? Yes No	
<u>I</u> T	ax-exer	npt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach a	list. See instructions	
	Vebsite			H(c) Group exemption	number	
KF	orm of o	rganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year o	f formation: 2020 M	I State of legal domicile: CO	
Pa		Summary				
	1 B	riefly describe the organization's mission or most significant activities: $\ {\tt See \ Scl}$	hedul	le O		
nce	_					
rna	2 C	heck this box if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	ets.	
Iove	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	4	
ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	4	
8 8		otal number of individuals employed in calendar year 2023 (Part V, line 2a)			0	
Activities & Governance		otal number of volunteers (estimate if necessary)			0	
ctiv		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
<	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
¢)	8 C	ontributions and grants (Part VIII, line 1h)		0.	0.	
ňu	9 P	rogram service revenue (Part VIII, line 2g)		267,267.	272,246.	
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		145,449.	151,442.	
£	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,716.	423,688.	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1 4 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
bei		otal fundraising expenses (Part IX, column (D), line 25) 0				
ŵ	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		270,450.	310,801.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		270,450.	310,801.	
		evenue less expenses. Subtract line 18 from line 12		142,266.	112,887.	
or				inning of Current Year	End of Year	
Assets Balanc	20 T	otal assets (Part X, line 16)	🗖	4,230,551.	4,277,275.	
ASt J Ba		otal liabilities (Part X, line 26)	🗲	2,216,769.	2,150,606.	
- Inter	22 N	et assets or fund balances. Subtract line 21 from line 20		2,013,782.	2,126,669.	
Pa	rt 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	Signature of officer				Date		
Here	Jennifer Douglas, Preside	nt					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	Thomas G. Sistare	Thomas G. S	Sistare	11/14/	/24 self-employed	P00356968	
Preparer	Firm's name Hoelting & Compan	y, Inc.			Firm's EIN 30-	0514455	
Use Only	Firm's address 31 East Platte Av	enue, Suite	e 300				
	Colorado Springs,	CO 80903			Phone no. (719) 630-1091	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 990 (2023)	

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Pa	t III 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:		_
	The Corporation is a supporting organization of	the New Legacy Charter	
	School which serves primarily pregnant students		-
			_
			-
2	Did the organization undertake any significant program services during the year which were no	t listed on the	-
2			
	1		,
-	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr	ogram services?Yes X No	,
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest prog		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 310,801. including grants of \$) (Revenue \$ 272,246.)
	The Corporation is a supporting organization of	the New Legacy Charter	
	School which serves primarily pregnant students	or young parents.	
			_
			-
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			-
			—
			_
			—
			_
			_
			_
			_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_
			_
			-
			-
			_
			—
			—
			_
			—
			_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_
			_
			-
			-
			-
			-
			—
4-1	Other program convinces (Deserving on Schedule C)		—
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Reven	nue \$)	—
4e	Total program service expenses310,801.	- 000 (****	

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Form 990 (2023) NLCS Building Corporation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	<u>11a</u>		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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			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 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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 on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 0				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50			
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>	
6a		6a		x	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua			
D.	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	0.0			
'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		x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
Ū	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h			
8					
	sponsoring organization have excess business holdings at any time during the year?				
9	9 Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?				
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 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
С	Enter the amount of reserves on hand			L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>	
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 the 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.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	1		
	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		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a				
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval 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		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id financ	cial	
	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 books and records			
	The Organization - 303-340-7880			
	2091 Dayton Street, Aurora, CO 80010-1010			

Part VII	I Compensation of Officers, Directors, Trustee	s, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jennifer Douglas	2.00		_		-	1 0				
President	4.00	х		x				0.	0.	0.
(2) Mike Kotlarczyk	2.00									
Vice-President	2.00	Х		Х				0.	0.	0.
(3) Justin Ranney	2.00									
Member	2.00	Х						0.	0.	0.
(4) Jessica Mace	2.00									
Member	2.00	Х						0.	0.	0.
		1								
		<u> </u>								
						-				
		•								
		-								
		1								

Form 990 (2023) NLCS Buil									85-31	580	4 7 г	age 8
Part VII Section A. Officers, Directors, Trus (A)	tees, Key Emp (B) Average	oloy		and (C Posi	C)		<u>t C</u>	(D)	(E)		(F)	
Name and title	hours per week (list any	box offic	not c , unles	heck ı ss per	more son i	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related		Estimated amount o other	
	hours for related organizations below	In dividual trustee or director	Institutional trustee		oloyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/	compens from th organiza and rela	ne tion ted
	line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				organizat	ions
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.		0.		0.
2 Total number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer,	,	,	,	•		,	0		5		Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization		3 4	X X
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i> 	accrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	lual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest co										ensatio	n from	
the organization. Report compensation for (A)					ith c	or wi	hin:	(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Cor	npensatio	on
							1					
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than			

			lding	g Corporat	ion		85-3158	047 Page 9
Ра	rt VII							
		Check if Schedule O contains a	i response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G Ame	С	Fundraising events	1c					
Gift: Iar /	d	Related organizations	1d					
) sr imi	е	Government grants (contributions)	1e					
itio er S	f	All other contributions, gifts, grants, and						
Otho		similar amounts not included above	1f					
ont nd (g	Noncash contributions included in lines 1a-1f	1g \$					
<u>a</u> C	h	Total. Add lines 1a-1f	<u></u>	Business Code				
	0.0	Rental Income		531120	272,246.	272,246.		
/ice				551120	272,240.	272,240.		
Serv	b							
gram Ser Revenue	c d							
Program Service Revenue	u o							
Pro	f	All other program service revenue						
		Total. Add lines 2a-2f		-	272,246.			
	3	Investment income (including divide						
					151,442.			151,442.
	4	Income from investment of tax-exer						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c						
	d	Net rental income or (loss)	<u></u>					
	7 a		Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
venue		and sales expenses						
eve		Gain or (loss)						
er Re		Net gain or (loss)						
Other	8 a	Gross income from fundraising events including \$						
0		contributions reported on line 1c).						
		Part IV, line 18						
	b	Less: direct expenses						
		Net income or (loss) from fundraisir		-				
		Gross income from gaming activitie						
		Part IV, line 19		a				
	b	Less: direct expenses		o				
		Net income or (loss) from gaming a						
	10 a	Gross sales of inventory, less return	ns					
		and allowances	10	a				
	b	Less: cost of goods sold	10	b				
	С	Net income or (loss) from sales of ir	ventory					
Ś				Business Code				
eou	11 a							
scellaneo Revenue	b							
Miscellaneous Revenue	c							
Mis		All other revenue						
	<u>е</u> 12	Total. Add lines 11a-11d			423,688.	272,246.	0	151,442.
	14	IULALIEVENUE, SEE INSTRUCTIONS					· V•	

NLCS Building Corporation Part IX Statement of Functional Expenses

7b, 8b, 9 9 1 Grainal and Grainal 2 Grainal 3 Grainal 4 Ber 5 Conpersity 6 Compersity 7 Oth 8 Pen sect Sect 9 Oth 10 Pay 11 Feee a Mainal b Legg c Accord g Oth colubre Proversite g Oth colubre Grainal g Oth colubre Grainal g Oth colubre Grainal g	Include amounts reported on lines 6b, 2b, and 10b of Part VIII. Ints and other assistance to domestic organizations I domestic governments. See Part IV, line 21 I ants and other assistance to domestic ividuals. See Part IV, line 22 I ants and other assistance to foreign I anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 I anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 I pensition of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees):	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
and 2 Gra indi Gra indi org indi Ber 5 Con f Ber 5 Con pers pers 7 Oth 8 Pen 9 Oth 10 Pay 11 Fee a Mai b Legg c Acco d Lob e Proo f Inveg Q Oth i3 Official i4 Info: i5 Roy i6 Occ	domestic governments. See Part IV, line 21 ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages asion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees):				
 2 Gravindi 3 Gravindi 3 Gravindi 3 Gravindi 4 Ber 5 Con 6 Con 6 Con 7 Oth 8 Pen 9 Oth 10 Pay 11 Fee a Mar b Leg c Acco d Lobi e Providi Coll 11 Fee a Mar b Leg c Acco d Lobi e Providi Coll 13 Official 14 Info 15 Roy 16 Occ 	ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages ision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees):				
indi 3 Gra org indi 4 Ber 5 Con 7 Oth 8 Pen 9 Oth 9 Oth 10 Pay 11 Fee a Mai b Legg c Acco d Lotic e Proo f Invol g Oth l3 Offili l4 Info l5 Roy l6 Occo	ividuals. See Part IV, line 22 ants and other assistance to foreign panizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees):				
3 Graves org org indid Ber 5 Con 6 Con 6 Con 7 Oth 8 Pen 9 Oth 9 Oth 9 Oth 10 Pay 11 Feee a Max b Legg c Acco g Oth g Oth i3 Offfi i4 Info i5 Roy i6 Occ	ants and other assistance to foreign lanizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages lision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees):				
org indi indi 4 Ber 5 Con pers pers 7 Oth 8 9 0 9 0 9 0 1 6 0 1 7 0 1 7 0 9 0 1	anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees):				
indi 4 Ber 5 Cor 5 Cor 6 Con 6 Con 7 Oth 8 Pen 9 Oth 9 Oth 10 Pay 11 Fee a Mai b Legg c Acco d Lob e Prov f Inve g Oth (12 Advi (13 Offfi (14 Info (15 Roy (16 Octo	ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees):				
 4 Ber of the second seco	nefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees):				
5 Con trus 6 Con pers pers 7 Oth 8 Pen sect 9 Oth 10 Pay 11 Fee a Mar b Leg c Acc d Lob e Pro f Inve g Oth coll 12 Adv 13 Offi 14 Info	mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees):				
6 Consider 6 Consider 7 Oth 8 Pensider 9 Oth 9 Oth 9 Oth 10 Pays 11 Fees a Max b Legg c Accord d Loth e Proof g Oth 12 Advalue 13 Offri 14 Infor 15 Roy 16 Occord	stees, and key employees				
6 Con pers pers 7 Oth 8 Pen sect 9 Oth 10 Pay 11 Fee a Mar b Leg c Acc d Lob e Pro f Inve g Oth coll 12 Adv 13 Offi 14 Info 15 Roy 16 Occ	npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees):				
pers	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages usion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees):				
7 Oth 8 Pen sect 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro f Inve g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Occ	sons described in section 4958(c)(3)(B) her salaries and wages ision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees):				
7 Oth 8 Pen seci 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro f Inve g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Och	ner salaries and wages Ision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees):				
8 Pen sect 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro f Inve g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Occ	ision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees):			I	
9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro f Inve g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Oct	tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees):				
9 Oth 10 Pay 11 Fee a Mar b Leg c Acc d Lob e Pro f Inve g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Oct	ner employee benefits yroll taxes es for services (nonemployees):				
IO Pay a Mai b Leg c Acco d Lob e Pro f Invo g Oth l2 Advi l3 Offficient l4 Info l5 Roy l6 Occ	yroll taxes es for services (nonemployees):				
I1 Feed a Max b Leg c Accord d Lob e Proof f Invol g Oth coll Coll l2 Adval l3 Offficial l4 Info l5 Roy l6 Occord	es for services (nonemployees):				
a Mail b Leg c Acc d Lob e Pro f Invo g Oth l2 Adv l3 Offfi l4 Info l5 Roy l6 Occ					
b Leg c Acc d Lob e Pro f Invo g Oth g Oth i3 Offfi i4 Info i5 Roy i6 Occ	nagement				
c Acc d Lob e Pro f Invo g Oth colu 2 Adv 3 Offi 4 Info 5 Roy 6 Occ	gal				
d Lok e Pro f Inva g Oth colu 2 Adv 3 Official Info 5 Roy 6 Occ	counting				
 e Pro f Inveging Oth colu 2 Adva 3 Offi 4 Info 5 Roy 6 Occ 	bying				
f Inve g Oth colu 2 Adv 3 Offi 4 Infe 5 Roy 6 Oce	fessional fundraising services. See Part IV, line 17				
g Oth colu 12 Adv 13 Offi 14 Info 15 Roy 16 Occ	estment management fees				
colu 12 Adv 13 Offi 14 Info 15 Roy 16 Occ	her. (If line 11g amount exceeds 10% of line 25,				
12 Adv 13 Offi 14 Info 15 Roy 16 Occ	umn (A), amount, list line 11g expenses on Sch O.)				
13 Offi 14 Info 15 Roy 16 Oco	vertising and promotion				
14 Info 15 Roy 16 Oct	ice expenses				
15 Roy 16 Occ	ormation technology				
1 6 Oco	yalties				
	cupancy				
1 8 Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
1 9 Cor	nferences, conventions, and meetings				
	erest	78,897.	78,897.		
21 Pay	yments to affiliates				
	preciation, depletion, and amortization				
3 Inst	urance				
abo line	er expenses. Itemize expenses not covered ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				
	ebt Service Expenditur	190,917.	190,917.		
	ther Expenses	40,987.	40,987.		
c					
d					
e All	other expenses				
25 Tota	al functional expenses. Add lines 1 through 24e	310,801.	310,801.	0.	0
26 Joir					
repo	nt costs. Complete this line only if the organization				
edu	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined				

NLCS	Building	Corporation
ипср	Burraring	corporación

		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		406,751.	1	447,277.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	6,198.
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descri			6	
G	7	Notes and loans receivable, net		3,823,800.	7	3,823,800.
Assets	8	Inventories for sale or use			8	• •
As	9				9	
		Land, buildings, and equipment: cost or othe			-	
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, In			12	
	13	Investments - program-related. See Part IV, li			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		4,230,551.	16	4,277,275.
	17	Accounts payable and accrued expenses			17	_/
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or f				
Liabilities		trustee, key employee, creator or founder, su				
ilid		controlled entity or family member of any of			22	
Lia	23	Secured mortgages and notes payable to un		2,216,769.	23	2,150,606.
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I				
		of Schodulo D			25	
	26	Total liabilities. Add lines 17 through 25		2,216,769.	26	2,150,606.
		Organizations that follow FASB ASC 958,	check here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			1,607,031.	27	1,673,194.
Bala	28			406,751.	28	453,475.
Πpc		Organizations that do not follow FASB AS				•
μ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		29	
ets	30	Paid-in or capital surplus, or land, building, o			30	
Ass	31	Retained earnings, endowment, accumulate			31	
let.	32	Total net assets or fund balances		2,013,782.	32	2,126,669.
Z	33	Total liabilities and net assets/fund balances		4,230,551.	33	4,277,275.

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

I	For	m	99	0 (20	23

Form	NLCS Building Corporation	85-3	3158047	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			88.
2	Total expenses (must equal Part IX, column (A), line 25)	2			01.
3	Revenue less expenses. Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,013	3,78	82.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,126	5,6	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form 990 (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Name of the organization

Name of t	the organization						Employer	identification number
NLCS Building Corporation								5-3158047
Part I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3 🛄	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
. —	section 170(b)(1)(A)(iv). (0							
6	A federal, state, or local go	-						
7	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
•	section 170(b)(1)(A)(vi). (C							
8	A community trust describe						I	
9 🔛	An agricultural research org	-			-		-	-
	or university or a non-land-c	grant college of agrict	ulture (see instructions).	Enter the i	lame, city	, and state of	the college	Or
10	university: An organization that norma	Illy receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ne membersh	in fees and	aross receipts from
	activities related to its exen							
	income and unrelated busir		•					•
	See section 509(a)(2). (Col				ooo aoqaa		amzation a	
11	An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).		
12 X	An organization organized a	-	•	•			rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section :	5 09(a)(3). C	heck the box on
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
a	Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							pporting
	organization. You must o	complete Part IV, Se	ctions A and B.					
ьX	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte						ly integrate	d with,
	its supported organization							
d 🔽	J Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	eness
•	requirement (see instruct		•					
e 🗋	Check this box if the orga functionally integrated, or					турет, туре	п, туре п	
f Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			1
	vide the following information	•	d organization(s).					
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
New L	egacy Charter							
High	School	46-3841363	2	x		310	,801.	
							0.01	
Total						310	,801.	0.

Schedule A	(Form 990)	2023

NLCS Building Corporation

Part II Support Schedule for C)rganizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
(Complete only if you checked	-		•			•
fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
 4 Total. Add lines 1 through 3 5 The portion of total contributions 						

Dublic support Subtract line 5 from line 4			
column (f)			
amount shown on line 11,			
on line 1 that exceeds 2% of the			
supported organization) included			
governmental unit or publicly			
by each person (other than a			
The portion of total contributions			

6 Public support. Subtract line 5 fro Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4								
8									
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (see instructions)								
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
	organization, check this box and stop	o here							
Se	ction C. Computation of Publi								
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%		
16a	a 33 1/3% support test - 2023. If the o	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and		
	stop here. The organization qualifies as a publicly supported organization								
k	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation					
17a	a 10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	organization				
k	o 10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation			
40	Drivete ferredetien If the exceptration	n did not obasti s	hav an line 10 10	a 166 17a a. 17	h abaali thia karra	nd and instruction			

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990) 2023

Schedule A	(Form	990) 202
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Schedule A (Form 990) 2023 NLCS Building Corporation Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				· · ·		
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	tourth, or fifth tax	year as a section 5	oU1(c)(3) orgai	nization,
<u></u>							
	tion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		1			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2023. If the						line 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	

332024 12-21-23

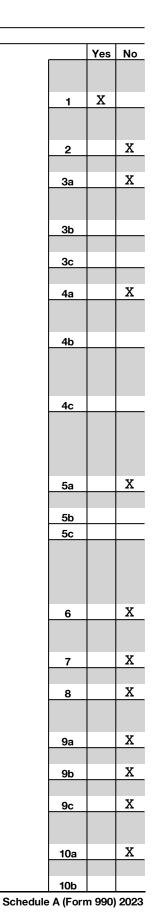
Part IV Supporting Organizations

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

NLCS Building Corporation

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)



m 990) 2023	NLCS	Building	Corporation

Par	t IV Supporting Organizations (continued)		·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	X	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	(ii) a convert the Form 000 that was most used to a state date of activity and (iii) contact of the			

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с] The organization supported a gover	nmental entity. Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	--------------------------------------	---------------------------------	----------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (For

YesNo2a-2a-2b-3a-3b-

85-31580

Part v	Type III Non-Functionally integrated 509(a)(5) Supporting Organizations

NLCS Building Corporation

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

1

and 4c.

and 4c.

select state stress from 2019
b Excess from 2020
c Excess from 2021
d Excess from 2022
e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

	dule A (Form 990) 2023 NLCS Building	Corporation		8	5-3158047 _{Ра}
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (continu	<u>ied)</u>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	is	(iii) Distributable Amount for 202
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2023

Page 7

Schedule A	(Form 990) 2023		Building				85-3158047 _{Page}	8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c; Part IV a, 2b, 3a, and 3b; I	7, Section B, lines ⁻ Part V, line 1; Part V	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,	
								_

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



 $\begin{array}{c} \text{Employer identification number} \\ 85-3158047 \end{array}$

NLCS Building Corporation

Form 990, Part I, Line 1:

The Corporation is a supporting organization of the New Legacy Charter

School which serves primarily pregnant students or young parents.

Form 990, Part VI, Section B, line 11b:

The Head of School and Board of Directors review the 990 prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors has all board members sign the Conflict of Interest

Policy Statement annually, and the chair asks for the board members to

declare any conflicts at the beginning of each meeting.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents and conflict of interest policy are

available upon request. The financial statements are posted on the

school's website on a quarterly basis in compliance with the Colorado

Financial Transparency Act.

Form 990, Part XII, Line 2c:

The finance committee oversees audit services and selection of

independent auditors. This has not changed from the prior year.

SCH	IEDULE R
	1

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

85-3158047

Department of the Treasury Internal Revenue Service Name of the organization

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

NLCS Building Corporation

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

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.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
New Legacy Charter School - 46-3841363							
2091 Dayton Street							
Aurora, CO 80010	Charter School	Colorado	501(c)(3)	Line 2	N/A		х
New Legacy Charter School QALICB -							
85-3151693, 2091 Dayton Street, Aurora, CO	Provide support for New						
80010	Legacy Charter School	Colorado	501(c)(3)	Line 2	NA		х
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 NLCS Building Corporation

85-3158047 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?											Genera manag partn	^{ll or} Percentage ^{jing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10								
											<u> </u>								
	1																		
	1	1	1			1		I	1										

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Ye	es No
During the tax year, did the organization engage in any of the following tra	ansactions with one or	more rel	ated organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a control	olled entity				1a		Σ
b Gift, grant, or capital contribution to related organization(s)							2
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							2
f Dividends from related organization(s)					1f		2
g Sale of assets to related organization(s)					1g		2
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)					1i	_	
j Lease of facilities, equipment, or other assets to related organization(s)					1j	X	<u>:</u>
k Lease of facilities, equipment, or other assets from related organization(s)					1k	X	2
I Performance of services or membership or fundraising solicitations for rel							
m Performance of services or membership or fundraising solicitations by rel	ated organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related							
p Reimbursement paid to related organization(s) for expenses					1p		
q Reimbursement paid by related organization(s) for expenses							-
r Other transfer of cash or property to related organization(s)							
s Other transfer of cash or property from related organization(s)							
If the answer to any of the above is "Yes," see the instructions for information	ation on who must com	nplete thi	line, including covered re	elationships and transaction th	resholds.		
(a)	(b)		(c)		(d)		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) New Legacy Charter School	J	272,246.	Fair Market Value
(2) New Legacy Charter School QALICB	к	190,920.	Fair Market Value
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501(r org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

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Provide additional information for responses to questions on Schedule R. See instructions.