

| Part I |  | Summary |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Briefly describe the organization's mission or most significant activities: TO TRANSFORM OUR STUDENTS BY |  |  |
|  | 2 | Check this box if the organization discontinued its operations or disposed |  |  |
|  | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 36 |
|  | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 34 |
|  | Total number of individuals employed in calendar year 2022 (Part V, line 2a)Total number of volunteers (estimate if necessary) |  | 5 | 2458 |
|  |  |  | 6 | 460 |
|  |  | Total number of volunteers (estimate if necessary) <br> a Total unrelated business revenue from Part VIII, column (C), line 12 | 7 a | 1,971,614. |
|  | b Net unrelated business taxable income from Form 990-T, Part I, line 11 |  | 7b | 0. |
| $\begin{aligned} & \stackrel{0}{0} \\ & \stackrel{\rightharpoonup}{0} \\ & 0 \\ & \stackrel{0}{\Phi} \end{aligned}$ | Contributions and grants (Part VIII, line 1h) |  | Prior Year | Current Year |
|  |  |  | 42,907,761. | 20,035,634. |
|  | 9 | Program service revenue (Part VIII, line 2g) | 170,022,016. | 179,080,809. |
|  | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 88,224,997. | 61,342,954. |
|  | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,083,358. | 2,843,849. |
|  | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 304,238,132. | 263,303,246. |
| แ | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |  | 55,796,797. | 57,048,543. |
|  | 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) |  | 88,102,598. | 89,756,117. |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e) |  | 16,650. | 180,165. |
|  | b Total fundraising expenses (Part IX, column (D), line 25) 6,082,660. |  |  |  |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) |  | 78,663,215. | 85,083,149. |
|  | 18 | Total expenses. Add lines $13-17$ (must equal Part IX, column (A), line 25) | 222,579,260. | 232,067,974. |
|  | 19 Revenue less expenses. Subtract line 18 from line 12 |  | 81,658,872. | 31,235,272. |
|  | 202122 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
|  |  |  | 1,346,394,475. | 1,399,096,878. |
|  |  | Total liabilities (Part X, line 26) | 214,892,332. | 201,941,980. |
|  |  | Net assets or fund balances. Subtract line 21 from line 20 | 1,131,502,143. | 1,197,154,898. |


\section*{| 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. bećlaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign <br> Here | Corin Seager |  |  | 5/14/2024 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Date |  |  |
|  | LORIN SEAGER, VP FOR FINANCE, CFO |  |  |  |  |  |
|  | Type or print name and title |  |  |  |  |  |
| Paid | Print/Type prepa SARAH HINTZ | arer's name | Preparer's signature SARAH HINTZ | $\begin{aligned} & \text { Date } \\ & 05 / 14 / 24 \end{aligned}$ | Check <br> if <br> self-employed | PTIN P00492291 |
| Preparer | Firm's name CLIFTONLARSONALLEN LLP |  |  |  | Firm's EIN 41-0746749 |  |
| Use Only | $\begin{array}{ll}\text { Firm's address } & 8390 \text { EAST CRESCENT PARKWAY, SUITE } 300 \\ & \text { GREENWOOD VILLAGE, CO } 80111\end{array}$ |  |  |  | Phone no.303-779-5710 |  |

May the IRS discuss this return with the preparer shown above? See instructions

Check if Schedule O contains a response or note to any line in this Part III
1 Briefly describe the organization's mission:
AT COLORADO COLLEGE OUR GOAL IS TO PROVIDE THE FINEST LIBERAL ARTS
EDUCATION IN THE COUNTRY. DRAWING UPON THE ADVENTUROUS SPIRIT OF THE
ROCKY MOUNTAIN WEST, WE CHALLENGE STUDENTS, ONE COURSE AT A TIME, TO
DEVELOP THOSE HABITS OF INTELLECT AND IMAGINATION THAT WILL PREPARE
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
If "Yes," describe these changes on Schedule O.
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a (Code:_ ) (Expenses \$ 209, 454, 920. including grants of \$ 57,048,543. ) (Revenue \$_179,683,123.)
TO PROVIDE UNDERGRADUATE AND MASTER-OF-ARTS IN TEACHING DEGREE PROGRAMS
TO APPROXIMATELY 2,100 STUDENTS.
$\qquad$ $\longrightarrow$ $\longrightarrow$
$\qquad$
$\qquad$
$\qquad$
$\qquad$


| 4dOther program services (Describe on Schedule O.) <br> (Expenses $\$$ | ) (Revenue $\$$ |  |  |
| :--- | :--- | :--- | :--- |
| including grants of $\$$ | $209,454,920$. | ) |  |
| 4 e | Total program service expenses |  | Form 990 (2022) |

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
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
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
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
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
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
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete Schedule D, Part III
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
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes, " complete Schedule D, Part V
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.
a Did the organization report an amount for land, buildings, and equipment in Part X , line 10? If "Yes, " complete Schedule $D$, Part VI
b Did the organization report an amount for investments - other securities in Part $X$, line 12, that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII
c Did the organization report an amount for investments - program related in Part X , line 13, that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
d Did the organization report an amount for other assets in Part $X$, line 15, that is 5\% or more of its total assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part IX
e Did the organization report an amount for other liabilities in Part $X$, line 25? If "Yes," complete Schedule D, Part X
$f$ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete Schedule D, Parts XI and XII
b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$
14a Did the organization maintain an office, employees, or agents outside of the United States?
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
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
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
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
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
19 Did the organization report more than $\$ 15,000$ of gross income from gaming activities on Part VIII, line $9 a$ ? If "Yes, " complete Schedule G, Part III
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
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

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
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
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a 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
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
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
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
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):
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, " complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
c A $35 \%$ controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If
"Yes, " complete Schedule L, Part IV
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? If "Yes," complete Schedule $M$
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes, " complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than $25 \%$ of its net assets? If "Yes, " complete Schedule N, Part II
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
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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
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
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
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

|  | Yes | No |
| :---: | :---: | :---: |
| 22 | x |  |
| 23 | x |  |
| 24a | x |  |
| 24b |  | x |
| 24c |  | X |
| 24d |  | x |
| 25a |  | x |
| 25b |  | x |
| 26 |  | x |
| 27 | x |  |
| 28a |  | x |
| 28b |  | X |
| 28c |  | x |
| 29 | x |  |
| 30 | x |  |
| 31 |  | x |
| 32 |  | x |
| 33 | x |  |
| 34 | x |  |
| 35a | x |  |
| 35b | x |  |
| 36 |  | x |
| 37 |  | x |
| 38 | x |  |

## Part 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

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

| $\mathbf{1 a}$ | 378 |
| :---: | :---: |
| $\mathbf{1 b}$ |  |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?


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
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3 b, provide an explanation on Schedule $O$
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
b If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes" to line 5 a or 5 b, did the organization file Form 8886-T?
6a Does the organization have annual gross receipts that are normally greater than $\$ 100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $\$ 75$ made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?
9 Sponsoring organizations maintaining donor advised funds.
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?
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

| $11 a$ |  |
| :---: | :--- |
| $11 b$ |  |

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state?
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
c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $O$
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? 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? 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? If "Yes," complete Form 6069.

| Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through $7 b$ below, and for a "No" response |
| :--- | :--- | :--- | :--- | to line $8 \mathrm{a}, 8 \mathrm{~b}$, or $10 b$ below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

## Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.
b Enter the number of voting members included on line 1a, above, who are independent


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?
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?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
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?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body?
b Each committee with authority to act on behalf of the governing body?
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 $O$


## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.
12a Did the organization have a written conflict of interest policy? If "No," go to line 13
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done
13 Did the organization have a written whistleblower policy?
14 Did the organization have a written document retention and destruction policy?
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?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization
If "Yes" to line 15 a 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?
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?

|  | Yes | No |
| :---: | :---: | :---: |
| 10a |  | X |
| 10b |  |  |
| 11a | X |  |
| 12a | X |  |
| 12b | X |  |
| 12c | X |  |
| 13 | X |  |
| 14 | X |  |
| 15a | X |  |
| 15b | X |  |
| 16a |  | X |
| 16b |  |  |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CO , FL , MD , OR , AK , IL , KY , LA , MA , MI , NV , NH
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) available for public inspection. Indicate how you made these available. Check all that apply.
X Own website $\quad \square$ Another's website $\quad \mathrm{X}$ Upon request $\quad \square$ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LORIN SEAGER - (719)389-6693
14 E. CACHE LA POUDRE ST., COLORADO SPRINGS, CO 80903

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0 - in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See 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.
$\square$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.


| Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |
| :--- | :--- | :--- | :--- |


| (A) <br> Name and title | (B) <br> Average hours per week (list any hours for related organizations below line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | $\begin{gathered} \text { (D) } \\ \text { Reportable } \\ \text { compensation } \\ \text { from } \\ \text { the } \\ \text { organization } \\ \text { (W-2/1099-MISC/ } \\ 1099-\mathrm{NEC}) \end{gathered}$ | (E) <br> Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) <br> Estimated amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 容 |  |  | - |  |  |  |
| (18) JOHN RIKER PROFESSOR | 40.00 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | x |  | 182,778. | 0. | 30,009. |
| (19) JEFF KELLER CHAIR | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  | x |  |  |  | 0. | 0. | 0. |
| (20) RYAN HAYGOOD <br> VICE CHAIR | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  | x |  |  |  | 0. | 0. | 0. |
| (21) HEATHER CARROLL SECRETARY | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  | x |  |  |  | 0. | 0. | 0. |
| (22) SUE ALLON TRUSTEE | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  |  | 0. | 0. | 0. |
| (23) ED BOWDITCH TRUSTEE | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  |  | 0. | 0. | 0. |
| (24) SAM BRONFMAN TRUSTEE | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  |  | 0. | 0. | 0. |
| (25) SUSAN BURGHART <br> PAST CHAIR | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  |  | 0. | 0. | 0. |
| (26) LILLY CHEN TRUSTEE | 1.00 |  |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  |  | 0. | 0. | 0. |
| 1b Subtotal <br> c Total from continuation sheets to Part VII, Section A <br> d Total (add lines 1b and 1c) |  |  |  |  |  |  |  | 5,540,353. | 0. | 778,298. |
|  |  |  |  |  |  |  |  | 0. | 0. | 0. |
|  |  |  |  |  |  |  |  | 5,540,353. | 0. | 778,298. |

2 Total number of individuals (including but not limited to those listed above) who received more than $\$ 100,000$ of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes, " complete Schedule $J$ for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $\$ 150,000$ ? If "Yes, " complete Schedule $J$ for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule $J$ for such person


## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $\$ 100,000$ of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) <br> Name and business address | (C) Compensation |
| :---: | :---: |
| BON APPETIT MANAGEMENT COMPANY <br> SEATtLE UNIVERSITY, SEATTLE, WA 98112 | 9,045,335. |
| SODEXO INC \& AFFILIATES <br> PO BOX 360170, PITTSBURGH, PA 15251 | 4,049,584. |
| NUNN CONSTRUCTION <br> 925 ELDTON DR., COLORADO SPRINGS, CO 80907 | 2,022,814. |
| DIS DEPT SH 19918, PALENTINE, IL 60055 | 1,328,560. |
| WORLD LEARNING <br> PO BOX 676, BRATTLEBORO, VT 05302 | 725,662. |
| 2 Total number of independent contractors (including $\$ 100,000$ of compensation from the organization |  |

SEE PART VII, SECTION A CONTINUATION SHEETS
Form 990 (2022)
232008 12-13-22

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)


| Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |
| :--- | :--- | :--- |



## Part VIII Statement of Revenue

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


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

| Do not include amounts reported on lines $6 b$, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B)Program service <br> expenses | (C) Management and general expenses | (D) expenses |
| :---: | :---: | :---: | :---: | :---: |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 10,161. | 10,161. |  |  |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 57,038,382. | 57,038,382. |  |  |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 |  |  |  |  |
| 4 Benefits paid to or for members |  |  |  |  |
| 5 Compensation of current officers, directors, trustees, and key employees | 4,987,426. | 1,394,871. | 2,444,349. | 1,148,206. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |  |  |  |  |
| 7 Other salaries and wages | 64,029,223. | 57,760,964. | 4,027,351. | 2,240,908. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,104,099. | 4,581,716. | 296,673. | 225,710. |
| 9 Other employee benefits | 10,664,729. | 9,604,706. | 698,741. | 361,282. |
| 10 Payroll taxes | 4,970,640. | 4,280,925. | 453,674. | 236,041. |
| 11 Fees for services (nonemployees): <br> a Management |  |  |  |  |
| b Legal | 313,711. | 8,195. | 295,048. | 10,468. |
| c Accounting | 261,427. |  | 261,427. |  |
| d Lobbying | 59,790. |  | 59,790. |  |
| e Professional fundraising services. See Part IV, line 17 | 180,165. |  |  | 180,165. |
| f Investment management fees | 2,509,567. |  | 2,509,567. |  |
| g Other. (If line 11 g amount exceeds $10 \%$ of line 25 , column (A), amount, list line 11 g expenses on Sch 0 .) | 18,623,990. | 16,763,884. | 1,357,338. | 502,768. |
| 12 Advertising and promotion | 645,212. | 536,600. | 36,434. | 72,178. |
| 13 Office expenses | 7,857,928. | 7,617,314. | 34,894. | 205,720. |
| 14 Information technology | 1,155,455. | 1,106,747. | 41,536. | 7,172. |
| 15 Royalties | 2,747,343. | 2,209,006. | 169,521. | 368,816. |
| 16 Occupancy | 4,317,612. | 4,278,476. | 36,823. | 2,313. |
| 17 Travel | 8,124,528. | 7,812,532. | 143,372. | 168,624. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials |  |  |  |  |
| 19 Conferences, conventions, and meetings | 1,421,962. | 787,208. | 469,168. | 165,586. |
| 20 Interest | 6,293,350. | 5,972,780. | 320,570. |  |
| 21 Payments to affiliates |  |  |  |  |
| 22 Depreciation, depletion, and amortization | 11,628,036. | 11,628,036. |  |  |
| 23 Insurance | 3,263,413. | 1,647,694. | 1,615,719. |  |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24 e amount exceeds $10 \%$ of line 25 , column (A), amount, list line 24e expenses on Schedule 0.) |  |  |  |  |
| a FOOD SERVICE | 7,080,041. | 7,006,551. | 73,411. | 79. |
| b REPAIRS \& MAINTENANCE | 2,283,537. | 2,148,345. | 130,390. | 4,802. |
| c OFFICIAL FUNCTIONS | 2,047,349. | 1,607,379. | 309,794. | 130,176. |
| d MISCELLANEOUS | 1,409,427. | 1,177,625. | 216,004. | 15,798. |
| e All other expenses | 3,039,471. | 2,474,823. | 528,800. | 35,848. |
| 25 Total functional expenses. Add lines 1 through 24 e | 232,067,974. | 209,454,920. | 16,530,394. | 6,082,660. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here $\square$ if following SOP 98-2 (ASC 958-720) |  |  |  |  |

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


1 Total revenue (must equal Part VIII, column (A), line 12)
2 Total expenses (must equal Part IX, column (A), line 25)
3 Revenue less expenses. Subtract line 2 from line 1
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
5 Net unrealized gains (losses) on investments
6 Donated services and use of facilities
Investment expenses
8 Prior period adjustments
9 Other changes in net assets or fund balances (explain on Schedule O)
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

|  |  |
| ---: | ---: |
| 1 | $263,303,246$. |
| 2 | $232,067,974$. |
| 3 | $31,235,272$. |
| 4 | $1,131,502,143$. |
| 5 | $32,275,656$. |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 | $2,141,827$. |
|  |  |
| 10 | $1,197,154,898$. |

Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
1 Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual Other $\qquad$ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 $\square$ Consolidated basis $\square$ Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant? 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
c If "Yes" to line $2 a$ or $2 b$, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

 4947(a)(1) nonexempt charitable trust.Go to www.irs.gov/Form990 for instructions and the latest information.

| Part I | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. |
| :--- | :--- |

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
$1 \square$ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
$3 \quad$ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
$4 \square$ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
$5 \square$
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
$6 \quad$ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
$7 \quad$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
$8 \quad \square$ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
$9 \quad$ An agricultural research organization described in section $\mathbf{1 7 0}(\mathbf{b})(\mathbf{1})(\mathbf{A})(\mathbf{i x})$ operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
$10 \square$ An organization that normally receives (1) more than $331 / 3 \%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than $331 / 3 \%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
$11 \square$ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
$12 \square$ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a $\quad \square$ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b $\quad \square$ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c $\square$ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d
Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e $\quad \square$ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).


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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| include any "unusual grants.") | 19,095,879. | 66,547,983. | 27,530,714. | 42,907,761. | 20,035,634. | 176,117,971. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf |  |  |  |  |  |  |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge |  |  |  |  |  |  |
| 4 Total. Add lines 1 through 3 | 19,095,879. | 66,547,983. | 27,530,714. | 42,907,761. | 20,035,634. | 176,117,971. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds $2 \%$ of the amount shown on line 11, column (f) |  |  |  |  |  |  |
| 6 Public support. Subtract line 5 from line 4. |  |  |  |  |  | 176,117,971. |

## Section B. Total Support

Calendar year (or fiscal year beginning in)
7 Amounts from line 4
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
9 Net income from unrelated business activities, whether or not the business is regularly carried on
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
11 Total support. Add lines 7 through 10


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 here

## Section C. Computation of Public Support Percentage

| 14 | Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 47.29 | \% |
| :---: | :---: | :---: | :---: | :---: |
| 15 | Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 51.34 | \% |

16a $331 / 3 \%$ support test - 2022. If the organization did not check the box on line 13 , and line 14 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization
b $33 \mathbf{1 / 3 \%}$ support test - 2021. If the organization did not check a box on line 13 or $16 a$, and line 15 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10\%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16 b , 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 test. The organization qualifies as a publicly supported organization
b $10 \%$-facts-and-circumstances test - 2021. If the organization did not check a box on line $13,16 a, 16 b$, or $17 a$ a and line 15 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 test. The organization qualifies as a publicly supported organization

## 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.)

## Section A. Public Support

Calendar year (or fiscal year beginning in)
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
3 Gross receipts from activities that are not an unrelated trade or business under section 513
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
5 The value of services or facilities furnished by a governmental unit to the organization without charge
6 Total. Add lines 1 through 5
7a Amounts included on lines 1,2, and 3 received from disqualified persons
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $\$ 5,000$ or $1 \%$ of the amount on line 13 for the year
c Add lines 7 a and 7b
8 Public support. (Subtract line 7 c from line 6.)

## Section B. Total Support

Calendar year (or fiscal year beginning in)
9 Amounts from line 6
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
c Add lines 10a and 10b
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
13 Total support. (Add lines $9,10 \mathrm{c}, 11$, and 12.)

| (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

14 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 here

## Section C. Computation of Public Support Percentage

| 15 | Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 |  | \% |
| :---: | :---: | :---: | :---: | :---: |
|  | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 |  | \% |

## Section D. Computation of Investment Income Percentage



19a $331 / 3 \%$ support tests - 2022. If the organization did not check the box on line 14 , and line 15 is more than $331 / 3 \%$, and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
-
b $33 \mathbf{1 / 3 \%}$ support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than $331 / 3 \%$, and line 18 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## 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.)

## 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")? If "Yes, " and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes, " explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines $5 b$ and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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.)


11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11 b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c 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.


## Section B. Type I Supporting Organizations

1 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.
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.


## Section C. Type II Supporting Organizations

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)


## Section D. All Type III Supporting Organizations

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?
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).
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.


## 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 instructions).
a $\square$ The organization satisfied the Activities Test. Complete line $\mathbf{2}$ below.
b $\square$ The organization is the parent of each of its supported organizations. Complete line $\mathbf{3}$ below.
c $\quad \square$ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
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 plaved by the organization in this regard.


| Schedule A (Form 990) 2022 THE COLORADO COL |  |  |  |  | 84-0402510 Page 6 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | rt V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |  |  |  |  |
| 1 |  | 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 Ill non-functionally integrated supporting organizations must complete Sections A through E. |  |  |  |  |
| Section A - Adjusted Net Income |  |  |  | (A) Prior Year | (B) Curre (opti |  |
| 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 |  |  |  |
| Section B - Minimum Asset Amount |  |  |  | (A) Prior Year | (B) Curr (optio |  |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |  |  |  |  |  |  |
| a Average monthly value of securities |  |  | 1 a |  |  |  |
| b Average monthly cash balances |  |  | 1b |  |  |  |
| c Fair market value of other non-exempt-use assets |  |  | 1c |  |  |  |
| d Total (add lines 1a, 1b, and 1c) |  |  | 1d |  |  |  |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): |  |  |  |  |  |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets |  |  | 2 |  |  |  |
| 3 Subtract line 2 from line 1d. |  |  | 3 |  |  |  |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). |  |  | 4 |  |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) |  |  | 5 |  |  |  |
| 6 Multiply line 5 by 0.035 . |  |  | 6 |  |  |  |
| 7 Recoveries of prior-year distributions |  |  | 7 |  |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6) |  |  | 8 |  |  |  |
| Section C-Distributable Amount |  |  |  |  | Curren |  |
| 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) 2022

| Section D - Distributions |  |  |  | Current Year |
| :---: | :---: | :---: | :---: | :---: |
| 1 Amounts paid to supported organizations to accomplish exempt purposes |  |  | 1 |  |
| Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |  | 2 |  |
| Administrative expenses paid to accomplish exempt purposes of supported organizations |  |  | 3 |  |
| Amounts paid to acquire exempt-use assets |  |  | 4 |  |
| Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) |  |  | 5 |  |
| Other distributions (describe in Part VI). See instructions. |  |  | 6 |  |
| Total annual distributions. Add lines 1 through 6. |  |  | 7 |  |
| Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |  |  | 8 |  |
| Distributable amount for 2022 from Section C, line 6 |  |  | 9 |  |
| Line 8 amount divided by line 9 amount |  |  | 10 |  |
| Section E-Distribution Allocations (see instructions) | (i) <br> Excess Distributions | (ii) Underdistributions Pre-2022 |  | (iii) <br> Distributable Amount for 2022 |
| Distributable amount for 2022 from Section C, line 6 |  |  |  |  |
| Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. |  |  |  |  |
| Excess distributions carryover, if any, to 2022 |  |  |  |  |
| From 2017 |  |  |  |  |
| From 2018 |  |  |  |  |
| From 2019 |  |  |  |  |
| From 2020 |  |  |  |  |
| From 2021 |  |  |  |  |
| Total of lines 3a through 3e |  |  |  |  |
| Applied to underdistributions of prior years |  |  |  |  |
| Applied to 2022 distributable amount |  |  |  |  |
| Carryover from 2017 not applied (see instructions) |  |  |  |  |
| Remainder. Subtract lines 3g, 3h, and 3i from line 3f. |  |  |  |  |
| Distributions for 2022 from Section D, line 7 : |  |  |  |  |
| Applied to underdistributions of prior years |  |  |  |  |
| Applied to 2022 distributable amount |  |  |  |  |
| Remainder. Subtract lines 4a and 4b from line 4. |  |  |  |  |
| Remaining underdistributions for years prior to 2022, if any. Subtract lines 3 g and 4 a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |  |  |  |
| Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |  |  |  |  |
| Excess distributions carryover to 2023. Add lines 3 j and 4 c . |  |  |  |  |
| Breakdown of line 7: |  |  |  |  |
| Excess from 2018 |  |  |  |  |
| Excess from 2019 |  |  |  |  |
| Excess from 2020 |  |  |  |  |
| d Excess from 2021 |  |  |  |  |
| excess from 2022 |  |  |  |  |



OTHER REVENUE
2018 AMOUNT: $\$ 3,374,555$.
2019 AMOUNT: \$ 2,681,177.

2020 AMOUNT: \$ 1,735,479.
2021 AMOUNT: \$ 1,499,777.
2022 AMOUNT: $\$ \quad 602,314$.

INSURANCE PROCEEDS

2019 AMOUNT: $\$ 106,508$.

2022 AMOUNT: $\$ 44,879$.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
(Form 990)
Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Organization type (check one):
Filers of: Section:
Form 990 or 990-EZ $\quad \mathrm{X}$ 501(c)( ${ }^{3}$ ) (enter number) organization
$\square$ 4947(a)(1) nonexempt charitable trust not treated as a private foundation527 political organization

Form 990-PF 501(c)(3) exempt private foundation4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

## Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $\$ 5,000$ or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990 -EZ that met the $331 / 3 \%$ support test of the regulations under sections $509(a)(1)$ and $170(b)(1)(A)($ vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $\$ 5,000$; or (2) $2 \%$ of the amount on (i) Form 990 , Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
$\square$ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 -EZ that received from any one contributor, during the year, total contributions of more than $\$ 1,000$ exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
$\square$ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 -EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $\$ 1,000$. If this box is checked, enter here the total contributions that were received during the year for an exc/usively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $\$ 5,000$ or more during the year \$ $\qquad$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).
Name of organization
THE COLORADO COLLEGE

Employer identification number
84-0402510
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 |  | 3,000,000. | Person $\square$ <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 2 |  | 2,000,000. | Person $\square$ <br> Payroll Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 3 |  | 1,300,000. | Person X <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 4 |  | 1,000,000. | Person x <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 5 |  | 800,000. | Person <br> x <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 6 |  | 530,000. | Person <br> x <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| 223452 11-15-22 |  |  | Schedule B (Form 990) (2022) |
| 30514 | 131839 A508459 | E COLORADO COL | EGE A50 |

Name of organization
THE COLORADO COLLEGE

Employer identification number
84-0402510
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.


| Name of organization | THE COLORADO COLLEGE |
| :--- | :--- |

Employer identification number

84-0402510
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
|  | $\square$ |  |  |
| (a) <br> No. <br> from <br> Part I | $\square$ | \$ |  |


| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
|  |  | \$ | - |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
|  |  | \$ | - |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
|  |  | \$ |  |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
|  |  | \$ |  |

Schedule B (Form 990) (2022)
Name of organization

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $\mathbf{\$ 1 , 0 0 0}$ or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.

(e) Transfer of gift

(e) Transfer of gift

(e) Transfer of gift


## SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy
Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization
Employer identification number
THE COLORADO COLLEGE

| Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. |
| :--- | :--- |

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

3 Volunteer hours for political campaign activities ..............................................................................................
\$


\section*{| Part I-B | Complete if the organization is exempt under section 501(c)(3). |
| :--- | :--- |}

1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
4a Was a correction made?

b If "Yes," describe in Part IV.

| Part I-C | Complete if the organization is exempt under section 501(c), except section 501(c)(3). |
| :--- | :--- |

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
\$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
\$
4 Did the filing organization file Form 1120-POL for this year?


5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from <br> filing organization's <br> funds. If none, enter -0. <br> (e) Amount of political <br> contributions received and <br> promptly and directly <br> delivered to a separate <br> political organization. <br> If none, enter -0. |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |

LHA
232041 11-08-22


4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount |  |  |  |  |  |
| b Lobbying ceiling amount (150\% of line 2 a , column(e)) |  |  |  |  |  |
| c Total lobbying expenditures |  |  |  |  |  |
| d Grassroots nontaxable amount |  |  |  |  |  |
| e Grassroots ceiling amount (150\% of line 2d, column (e)) |  |  |  |  |  |
| f Grassroots lobbying expenditures |  |  |  |  |  |

Schedule C (Form 990) 2022

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section $501(\mathrm{~h})$ ).



Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.
PART II-B, LINE 1, LOBBYING ACTIVITIES:

COLORADO COLLEGE IS ONE OF THREE MEMBERS OF INDEPENDENT HIGHER

EDUCATION OF COLORADO. THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO

REPRESENT THE VIEWS OF THE PRIVATE HIGHER EDUCATION SECTOR AT THE STATE

CAPITOL AND AT THE COLORADO COMMISSION ON HIGHER EDUCATION.

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.
THE COLORADO COLLEGE
Employer identification number 84-0402510

| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the |
| :--- | :--- | organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year


5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
(b) Funds and other accounts

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

## Name of the organization

| Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. |
| :--- | :--- |

1 Purpose(s) of conservation easements held by the organization (check all that apply).Preservation of land for public use (for example, recreation or education) Protection of natural habitat
$\square$ Preservation of a historically important land area Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
nservation easement on the last

|  | Held at the End of the Tax Year |
| :---: | :---: |
| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |
| 2d |  |

b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Preservation of a certified historic structure

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? $\square$ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?


9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

| Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. <br>  <br> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. |
| :--- | :--- |

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ......................................................................................... \$
(ii) Assets included in Form 990, Part X ....................................................................................................... \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X ............................................................................................................ \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2022

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a x Public exhibition
b X Scholarly research
c X Preservation for future generations
dLoan or exchange program
eOther

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
$\square$ Yes $\quad \mathrm{X}$ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

|  | Amount |
| :---: | :---: |
| 1c |  |
| 1d |  |
| 1e |  |
| if |  |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII


Part V $\quad$ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1a Beginning of year balance | 826,459,899. | 918,235,443. | 779,516,947. | 771,923,962. | 735,920,222. |
| b Contributions | 6,351,199. | 16,266,636. | 8,383,493. | 15,774,040. | 4,016,681. |
| c Net investment earnings, gains, and losses | 87,882,324. | -69,448,760. | 203,469,373. | 30,219,897. | 65,580,670. |
| d Grants or scholarships | 11,432,995. | 15,892,542. | 34,800,829. | 12,585,511. | 12,160,701. |
| e Other expenditures for facilities and programs | 29,047,663. | 22,700,878. | 38,333,541. | 24,162,903. | 21,432,910. |
| f Administrative expenses |  |  |  | 1,652,538. |  |
| g End of year balance | 880,212,764. | 826,459,899. | 918,235,443. | 779,516,947. | 771,923,962. |

2 Provide the estimated percentage of the current year end balance (line 1 g , column (a)) held as:
a Board designated or quasi-endowment
17.0200 \%
b Permanent endowment 24.0800 \%
c Term endowment 58.9000 \%
The percentages on lines $2 \mathrm{a}, 2 \mathrm{~b}$, and 2 c should equal $100 \%$.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?


4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land |  | 11,907,618. |  | 11,907,618. |
| b Buildings |  | 444,042,285. | 144,176,069. | 299,866,216. |
| c Leasehold improvements |  |  |  |  |
| d Equipment |  | 27,883,249. | 18,759,990. | 9,123,259. |
| e Other |  | 36,463,991. | 13,197,100. | 23,266,891. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) |  |  |  | 344,163,984. |

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| :---: | :---: | :---: |
| (1) Financial derivatives |  |  |
| (2) Closely held equity interests |  |  |
| (3) Other |  |  |
| (A) BENEFICIAL INTEREST IN PERPETUAL |  |  |
| (B) TRUSTS | 38,958,425. | END-OF-YEAR MARKET VALUE |
| (C) PRIVATE CAPITAL INVESTMENTS | 213,871,166. | END-OF-YEAR MARKET VALUE |
| (D) ALTERNATIVE INVESTMENTS | 340,945,347. | END-OF-YEAR MARKET VALUE |
| (E) |  |  |
| (F) |  |  |
| (G) |  |  |
| (H) |  |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 593,774,938. |  |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| :--- | :--- | :--- |
| $(1)$ |  |  |
| $(2)$ |  |  |
| $(3)$ |  |  |
| $(4)$ |  |  |
| $(5)$ |  |  |
| $(6)$ |  |  |
| $(7)$ |  |  |
| $(8)$ |  |  |
| $(9)$ |  |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |  |  |
| Part 1 Ot |  |  |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
| :---: | :---: |
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |
| (6) |  |
| (7) |  |
| (8) |  |
| (9) |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) |  |
| Part X Other Liabilities. <br> Complete if the organization answered "Yes" on Form 990 |  |
| 1. ${ }^{\text {(a) Description of liability }}$ | (b) Book value |
| (1) Federal income taxes |  |
| (2) DEPOSITS | 37,588. |
| (3) ANNUITIES PAYABLE | 1,134,051. |
| (4) OTHER LIFE INCOME FUNDS | 2,886,842. |
| (5) ASSET RETIREMENT OBLIGATION | 9,377,459. |
| (6) OTHER POST RETIREMENT BENEFIT PLAN PAYABLE | 504,471. |
| (7) |  |
| (8) |  |
| (9) |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 13,940,411. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.


## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.


## Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE

NOT CAPITALIZED BECAUSE THE ITEMS ARE PRESERVED AND CARED FOR

CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF

ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS AND AS NET ASSETS

RELEASED FROM RESTRICTION IF THE ASSETS USED TO PURCHASE THE ITEMS WERE

RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION

ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL

OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS

INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

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THE COLLEGE MAINTAINS AN ART COLLECTION FOR STUDENT RESEARCH AND STUDY, A
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| Schedule D (Form 990) 2022 THE COLORADO COLLEGE |
| :--- |
| Part XIII <br> Supplemental Information (continued) <br> COLLEGE ARCHIVE OF INSTITUTIONALLY SIGNIFICANT TREASURES, AND LIBRARY <br> COLLECTIONS TO ENHANCE THE INSTITUTIONAL CATALOG. THE FINE ARTS CENTER'S <br> MUSEUM INCLUDES A PERMANENT COLLECTION OF OVER 20, 000 OBJECTS THAT <br> SHOWCASE THE HISTORY AND CULTURES OF THE SOUTHWEST AND AMERICAS. THE <br> COLLECTION CONTAINS WORKS OF ART FROM NATIVE AMERICAN, HISPANIC AND <br> SPANISH COLONIAL PERIODS AS WELL AS 20TH CENTURY AMERICAN ART, ALL USED TO <br> ENHANCE CLASSROOM AND COMMUNITY EXPERIENCES. |

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PART IV, LINE 2B:
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THE COLLEGE HOLDS VARIOUS FUNDS IN A FIDUCIARY CAPACITY FOR ORGANIZATIONS
OF THE COLLEGE, SUCH AS CLASSES AND CLUBS. THESE ORGANIZATIONS RAISE FUNDS
IN THEIR OWN CAPACITIES AND EXPEND THE FUNDS ON THEIR ORGANIZATION'S
BEHALF. THE REVENUES AND EXPENSES OF THESE ORGANIZATIONS ARE NOT INCLUDED
IN THE ORGANIZATION'S FINANCIAL STATEMENTS.
PART V, LINE 4:
COLORADO COLLEGE'S ENDOWMENT IS ADMINISTERED IN A MANNER CONSISTENT WITH
DONOR RESTRICTIONS AND WITH THE GOAL OF MEETING THE EDUCATIONAL MISSION OF
TODAY AS WELL AS IN PERPETUITY. THE COLLEGE HAS ADOPTED INVESTMENT AND
SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A
PREDICTABLE STREAM OF FUNDING FOR CURRENT PROGRAMS AND OPERATIONS WHILE
SEEKING TO MAINTAIN THE PURCHASING POWER.
PART X, LINE 2:
THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION
501(C)(3)OF THE INTERNAL REVENUE CODE. THE COLLEGE IS SUBJECT TO FEDERAL
INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF
SECTION 501(C)(3)OF INTERNAL REVENUE CODE.
UNCERTAIN TAX POSITIONS. THE COLLEGE EVALUATED ITS TAX POSITIONS AND
DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022.
PART XI, LINE 2D - OTHER ADJUSTMENTS:

| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT | $2,141,827$. |
| :--- | ---: |
| LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE | $6,360$. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D |  |

PART XI, LINE 4B - OTHER ADJUSTMENTS:
SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE 57,038,382.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE 6,360.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE 57,038,382.


## Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE COLLEGE'S NON-DISCRIMINATION POLICY IS PUBLISHED AT THE BOTTOM OF THE COLLEGE'S MAIN WEBPAGE IN COMPLIANCE WITH REQUIREMENTS.

4 Does the organization maintain the following?
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization
the colorado college
84-0402510
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?YesNo

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)


| Part I | Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) |
| :--- | :--- |


| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| :---: | :---: | :---: | :---: | :---: | :---: |
| EUROPE (INCLUDING <br> ICELAND \& GREENLAND) | 0 | 0 | INVESTMENTS |  | 14,762,127. |
| NORTH AMERICA | 0 | 0 | INVESTMENTS |  | 5,938,573. |
| CENTRAL AMERICA AND the CARIbBEAN - <br> ANTIGUA \& BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS - EXPENSES |  | 6,416,113. |
| EUROPE (INCLUDING <br> ICELAND \& GREENLAND) <br> - Albania, Andorra, AUSTRIA, BELGIUM | 0 | 0 | INVESTMENTS - EXPENSES |  | 177,541. |
| NORTH AMERICA CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | INVESTMENTS - EXPENSES |  | 50,478. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals |  |  |  |  | 27,344,832. |

Schedule F (Form 990) 2022 THE COLORADO COLLEGE
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $\$ 5,000$. Part II can be duplicated if additional space is needed.


2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter 3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.


1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, " the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) $\qquad$YesNo

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) $\qquad$YesNo

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to

Certain Foreign Corporations (see Instructions for Form 5471) $\qquad$YesNo

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes, " the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) $\qquad$YesNo

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes, " the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)YesNo


THE COLLEGE USES THE ACCRUAL METHOD TO REPORT EXPENDITURES ON SCHEDULE F.

SCHEDULE G (Form 990)

## Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $\$ 15,000$ on Form 990-EZ, line 6 a.

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

## THE COLORADO COLLEGE

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

| a X | Mail solicitations | e X | Solicitation of non-government grants |
| :---: | :---: | :---: | :---: |
| b X | Internet and email solicitations | f X | Solicitation of government grants |
| X | Phone solicitations | $\mathrm{g} \times$ | Special fundraising events |
| d X | In-person solicitations |  |  |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

X Yes
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $\$ 5,000$ by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | $\begin{gathered} \begin{array}{c} \text { (iiii) Did } \\ \text { fund } \\ \text { haveraiser } \\ \text { have cuntody } \\ \text { or cortrol of } \\ \text { contributions? } \end{array} \end{gathered}$ |  | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| WASHBURN \& MCGOLDRICK - 24 | CONSULTING SERVICES FOR | Yes | No |  |  |  |
| NORTH BRYN MAWR AVE., \#252, | FUNDRAISING |  | x | 0. | 7,500. | 0. |
| RUFFALO NOEL LEVITZ (RNL) - <br> 5249 NORTH PARK PLACE NE | CONSULTING SERVICES |  | x | 0. | 172,665. | 0. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total |  |  |  |  | 180,165. |  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
$\mathrm{AK}, \mathrm{AL}, \mathrm{AR}, \mathrm{CA}, \mathrm{CO}, \mathrm{CT}, \mathrm{DC}, \mathrm{FL}, \mathrm{GA}, \mathrm{HI}, \mathrm{IL}, \mathrm{KS}, \mathrm{KY}, \mathrm{LA}, \mathrm{MA}, \mathrm{MD}, \mathrm{ME}, \mathrm{MI}, \mathrm{MN}, \mathrm{MO}, \mathrm{MS}, \mathrm{NC}, \mathrm{ND}, \mathrm{NH}, \mathrm{NJ}$
NM , NV , NY , OH, OK , OR , PA , RI , SC , TN, UT , VA , WA , WI , WV
$\qquad$
$\qquad$
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$\qquad$
$\qquad$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $\$ 15,000$ of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6 b . List events with gross receipts greater than $\$ 5,000$.


Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $\$ 15,000$ on Form 990-EZ, line 6a.


9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? ................................................ $\square$ Yes $\square$ No
b if "No," explain: $\qquad$

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ...................... $\square$ Yes $\square$ No b If "Yes," explain: $\qquad$ $\longrightarrow$

(I) NAME OF FUNDRAISER: WASHBURN \& MCGOLDRICK
(I) ADDRESS OF FUNDRAISER:

24 NORTH BRYN MAWR AVE., \#252, BRYN MAWR, PA 19010
(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ (RNL)
(I) ADDRESS OF FUNDRAISER:

5249 NORTH PARK PLACE NE \#1061, CEDAR RAPIDS, IA 52402


Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.


Part IV $\quad$ Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
PART I, LINE 2:

THE COLLEGE GRANTS SCHOLARSHIPS TO STUDENTS ENROLLED IN THE COLLEGE'S

DEGREE-GRANTING PROGRAM. THE COLLEGE DETERMINES STUDENT ELIGIBILITY BASED

UPON THE STUDENT'S NEED. SOME SCHOLARSHIPS OR GRANTS ARE AWARDED BASED UPON

ACADEMIC ACHIEVEMENT. THE COLLEGE OFFICE OF FINANCIAL AID ACCUMULATES ALL

REQUIRED INFORMATION FROM THE STUDENTS TO DETERMINE SCHOLARSHIP
ELIGIBILITY. THE OFFICE AWARDS SCHOLARSHIPS BASED UPON CRITERIA ESTABLISHED

BY THE COLLEGE.

## SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

## Compensation Information

2022
Open to Public
Inspection
Employer identification number 84-0402510

\section*{| Part I | Questions Regarding Compensation |
| :--- | :--- |}

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.First-class or charter travel
Travel for companionsHousing allowance or residence for personal use

Tax indemnification and gross-up payments Payments for business use of personal residence

Discretionary spending account Health or social club dues or initiation feesPersonal services (such as maid, chauffeur, chef)
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.


Compensation committee $\qquad$ Written employment contract Independent compensation consultant Compensation survey or study
Form 990 of other organizations

## Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization?
b Any related organization?
If "Yes" on line $5 a$ or $5 b$, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization?
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6 ? If "Yes," describe in Part III
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
| 1b | x |  |
|  |  |  |
| 2 | x |  |
|  |  |  |
| 4a |  | x |
| 4b | x |  |
| 4c |  | x |
|  |  |  |
| 5a |  | x |
| 5b |  | x |
|  |  |  |
| 6a |  | x |
| 6b |  | x |
|  |  |  |
| 7 | x |  |
|  |  |  |
| 8 |  | x |
|  |  |  |
| 9 |  |  |

Schedule J (Form 990) 2022
Part II $\qquad$

Do not list any individuals that aren't listed on Form 990, Part VII.
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |  |  | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (i) Base compensation | (ii) Bonus \& incentive compensation | (iii) Other reportable compensation |  |  |  |  |
| (1) SONG RICHARDSON | (i) | 511, 531. | 0. | 50,530. | 30,500. | 92,570. | 685,131. | 0 . |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (2) ROBERT MOORE | (i) | 382,392. | 5,000. | 259,613. | 30,500. | 1,864. | 679,369. | 237,653. |
| SR VP FIN/ADMIN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 。 |
| (3) MICHAEL EDMONDS | (i) | 388,968. | 3,000. | 169,503. | 30,500. | 12,660. | 604,631. | 141,223. |
| SR VICE PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 。 |
| (4) MARY ANN SCHWARTZ | (i) | 374,189. | 4,000. | 27,627. | 30,500. | 16,972. | 453,288. | 0 . |
| VP FOR ADVANCEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MARK HATCH | (i) | 224,872. | 5,000. | 163,206. | 25,353. | 27,928. | 446,359. | 140,685. |
| VP FOR ENROLLMENT MANAGEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (6) KRIS MAYOTTE | (i) | 301,999. | 1,000. | 22,706. | 30,500. | 23,474. | 379,679. | 0 . |
| HEAD HOCKEY COACH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (7) PEDRO DE ARAUJO | (i) | 246,571. | 5,000. | 816. | 25,250. | 25,291. | 302,928. | 0 . |
| VP \& DEAN OF COLLEGE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (8) EMILY CHAN | (i) | 239,240. | 2,500. | 12,816. | 25,250. | 17,235. | 297,041. | 0 . |
| VP \& DEAN OF FACULTY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (9) MANYA WHITAKER | (i) | 248,964. | 2,500. | 7,232. | 16,913. | 9,357. | 284,966. | 0 . |
| EXEC VP \& CHIEF OF STAFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (10) LESLEY IRVINE | (i) | 213,954. | 5,000. | 11,500. | 21,634. | 24,924. | 277,012. | 0 . |
| VP \& DIRECTOR OF ATHLETICS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (11) BARBARA WILSON | (i) | 183,962. | 5,000. | 47,443. | 22,967. | 10,599. | 269,971. | 0 . |
| ASSOC. VP FOR ADMIN. SERVICES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (12) CLAIRE GARCIA | (i) | 216,592. | 0. | 701. | 21,497. | 9,560. | 248, 350. | 0 . |
| FORMER DEAN OF FACULTY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) TIMOTHY FULLER | (i) | 209,944. | 0. | 6,689. | 21,337. | 10,106. | 248,076. | 0 . |
| PROFESSOR |  | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (14) ROCHELLE DICKEY | (i) | 189,780. | 3,000. | 11,372. | 20,200. | 14,552. | 238,904. | 0 . |
| DEAN OF STUDENTS |  | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (15) LORIN SEAGER | (i) | 178, 489. | 5,000. | 8,306. | 19,210. | 20,489. | 231,494. | 0 . |
| ASSOC. VP FOR FINANCE |  | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| (16) MICHAEL GRACE | (i) | 201,386. | 0. | 642. | 19,741. | 9,656. | 231,425. | 0. |
| PROFESSOR |  | 0. | 0. | 0. | 0. | 0. | 0. | 0. |


| Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. |
| :--- | :--- |

Do not list any individuals that aren't listed on Form 990, Part VII.
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |  |  | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (i) Base compensation | (ii) Bonus \& incentive compensation | (iii) Other reportable compensation |  |  |  |  |
| (17) OWEN CRAMER | (i) | 197,408. | 0. | 632. | 19,878. | 9,322. | 227,240. | 0. |
| PROFESSOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) JOHN RIKER | (i) | 182,188. | 0. | 590. | 17,953. | 12,056. | 212,787. | 0. |
| $\underline{\text { PROFESSOR }}$ | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
|  | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
|  | (i) |  |  |  |  |  |  |  |
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|  | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |

$$
\text { Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, } 3,4 \mathrm{a}, 4 \mathrm{~b}, 4 \mathrm{c}, 5 \mathrm{a}, 5 \mathrm{~b}, 6 \mathrm{a}, 6 \mathrm{~b}, 7 \text {, and } 8 \text {, and for Part II. Also complete this part for any additional information. }
$$

## PART I, LINE 1A:

THE PRESIDENT OF THE COLLEGE, IN ORDER TO FULFILL THEIR RESPONSIBILITIES,
IS REQUIRED TO LIVE ON CAMPUS AND IS PROVIDED hOUSING. THE PRESIDENT IS
ALSO PROVIDED JANITORIAL SERVICES. THEY ARE CONSIDERED TO BE ON CAMPUS FOR
the benefit of the college and the value is considered non-taxable
COMPENSATION.

CLUB DUES: CLUB MEMBERSHIP IS PROVIDED TO CERTAIN MEMBERS OF SENIOR
LEADERSHIP TO CULTIVATE AND MAINTAIN RELATIONSHIPS WITH BUSINESS AND
INDIVIDUALS WHO ARE IN A POSITION TO ADVANCE THE COLLEGE. THE VALUE OF THE
DUES IS CONSIDERED AS TAXABLE COMPENSATION FOR THESE INDIVIDUALS AND
INCLUDED IN $\mathrm{W}-2$.

## PART I, LINE 4B:

NAME: ROBERT MOORE, CURRENT YEAR PAYMENT AMOUNT: \$237,653. PLAN

## DESCRIPTION: 457(F)

```
NAME: MIKE EDMONDS, CURRENT YEAR PAYMENT AMOUNT: \(\$ 141,223\). PLAN
```


## DESCRIPTION: 457(F)

NAME: MARK HATCH, CURRENT YEAR PAYMENT AMOUNT: $\$ 140,685$. PLAN DESCRIPTION:

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

457(F)

PART I, LINE 7:

NONFIXED PAYMENTS CONSISTED OF BONUS PAYMENTS.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
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$\qquad$
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$\qquad$


## Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?
2 Are there any lease arrangements that may result in private business use of bond-financed property?
3a Are there any management or service contracts that may result in private business use of bond-financed property?
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?
c Are there any research agreements that may result in private business use of bond-financed property?

d "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government
6 Total of lines 4 and 5
7 Does the bond issue meet the private security or payment test?
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?
......................................................

9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?


## Part IV Arbitrage

1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?
2 If "No" to line 1, did the following apply?
a Rebate not due yet?
b Exception to rebate?
c No rebate due?
If "Yes" to line 2 c , provide in Part VI the date the rebate computation was performed
3 Is the bond issue a variable rate issue?

| A |  | B |  | C |  | D |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  | X |  | X |  | X |  |  |
|  |  |  |  |  |  |  |  |
|  | X | X |  | X |  |  |  |
|  | X |  | X |  | X |  |  |
| X |  |  | X |  | X |  |  |
|  |  |  |  |  |  |  |  |
|  | X |  | X |  | X |  |  |

[^0]Schedule K (Form 990) 2022

| Schedule K (Form 990) 2022 THE COLORADO COLLEGE | 84-0402510 |  |  |  |  |  |  | Page 3 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Part IV Arbitrage (continued) |  |  |  |  |  |  |  |  |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | A |  | B |  | c |  | D |  |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
|  |  | x |  | x |  | x |  |  |
| b Name of provider |  |  |  |  |  |  |  |  |
| c Term of hedge |  |  |  |  |  |  |  |  |
| d Was the hedge superintegrated? |  |  |  |  |  |  |  |  |
| e Was the hedge terminated? |  |  |  |  |  |  |  |  |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? |  | x |  | x |  | x |  |  |
| b Name of provider |  |  |  |  |  |  |  |  |
| c Term of GIC |  |  |  |  |  |  |  |  |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | x |  | x |  | x |  |  |  |
| Part V Procedures To Undertake Corrective Action |  |  |  |  |  |  |  |  |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | A |  | B |  | C |  | D |  |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
|  | x |  | x |  | x |  |  |  |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

## SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: EL PASO COUNTY, COLORADO

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\square$
$\qquad$

$\qquad$
$\qquad$


2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
\$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..................................................... \$
\$

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.


Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Yes | No |
|  |  |  |  |  |  |
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\section*{| Part V | Supplemental Information. |
| :--- | :--- |}

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:
(C) AMOUNT OF GRANT \$ 66,070.
(D) TYPE OF ASSISTANCE: SCHOLARSHIPS / TUITION ASSISTANCE

# Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. 

Employer identification number
Name of the organization

| THE COLORADO COLLEGE | Employer identification number |
| :---: | :---: |
| $84-0402510$ |  |


| Part I | Types of Property |
| :--- | :--- |



30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization <br> is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete |
| :--- | :--- |
|  |  | this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
COLUMN B INDICATED THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

COLORADO COLLEGE USES A THIRD PARTY TO ASSIST WITH THE PROCESS OF

VEHICLE DONATIONS. FOR FISCAL YEAR 2023, NO VEHICLES WERE DONATED TO
the college


FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM FOR LEARNING AND LEADERSHIP THROUGHOUT THEIR LIVES.

| COLORADO COLLEGE SUCCEEDS IN ITS MISSION OF EDUCATING FOR OUR TIME WHEN |
| :--- |
| IT GRADUATES WOMEN AND MEN WITH MENTAL AGILITY AND THE SKILLS OF |
| CRITICAL JUDGMENT, PERSONS WHO HAVE LEARNED HOW TO LEARN. |
| TAKING ADVANTAGE OF SMALL CLASSES AND THE UNIQUE LEARNING OPPORTUNITIES |
| OF THE BLOCK PLAN, COLORADO COLLEGE PROVIDES A VARIETY OF STIMULATING |
| ENVIRONMENTS FOR INTELLECTUAL DEVELOPMENT, CREATIVE EXPRESSION, AND |
| PERSONAL GROWTH. IN THE STUDIO AND ON THE STAGE, IN CLASSROOM AND |
| LIBRARY AND LABORATORY, IN RESIDENCE HALLS AND ON PLAYING FIELDS, IN |
| THE LOCAL COMMUNITY AND IN FOREIGN COUNTRIES, THE COLLEGE CONFRONTS |

WE EXPLORE WITH THEM THE COMPLEXITIES OF THE NATURAL WORLD, THE

ACHIEVEMENTS OF THE HUMAN PAST, AND THE URGENT SOCIAL AND MORAL ISSUES

OF THE PRESENT. WE TEACH THEM HOW TO RECOGNIZE RELEVANT EVIDENCE IN

VARIOUS FIELDS OF INQUIRY AND HOW TO WEIGH THAT EVIDENCE. WE PRESS THEM

TO READ CAREFULLY, THINK CRITICALLY, REFLECT THOUGHTFULLY, AND EXPRESS

THEIR IDEAS EFFECTIVELY, WITH PRECISION AND GRACE. WE ENCOURAGE THEIR

PERSONAL QUEST FOR A WORTHY VISION THAT CAN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 Page 2 |  |
| :---: | :---: |
| Name of the organization | Employer identification number |
| the colorado college | 84-0402510 |
| INSPIRE BOTH ACTION AND HOPE AND WILL ENABLE THEM TO HELP CREATE A MORE |  |
| HUMANE WORLD. |  |
| COLORADO COLLEGE IS DISTINCTIVE IN ITS CONVICTION THAT ACTIVE LEARNING |  |
| happens best when Students pursue a single subject of study for several |  |
| WEEKS IN SMALL CLASSES IN Which no ticking Clock Can interrupt the |  |
| ANIMATED EXCHANGE OF IDEAS. WE ARE CONFIDENT THAT THE LEARNING |  |
| OPPORTUNITIES MADE POSSIBLE BY OUR DISTINCTIVE CURRICULAR SYSTEM FOSTER |  |
| A Kind of intellectual engagement that will continue to enrich the |  |
| LIVES OF COLORADO COLLEGE GRADUATES AS they become leaders in their |  |
| PROFESSIONS AND COMMUNITIES. |  |

FORM 990, PART VI, SECTION A, LINE 1A:
the executive committee consists of the chair, the past chair, the vice
CHAIR, AND THE SECRETARY OF THE BOARD, PLUS THE CHAIRPERSON OF EACH OTHER StANDING COMMITtee.
the executive committee shall govern the college during any period between

MEETINGS OF THE BOARD OF TRUSTEES, BUT ONLY WHEN URGENT CIRCUMSTANCES
REQUIRE PROMPT ACTION AND IT IS NOT FEASIBLE TO CONVENE A MEETING OF THE
FULL BOARD BY ACCEPTABLE MEANS AS PROVIDED IN THESE BYLAWS. IT SHALL MEET
ON CALL BY THE CHAIR OF THE BOARD OR BY THE PRESIDENT. SUBJECT TO SUCH
FURTHER INSTRUCTIONS AND LIMITATION AS THE BOARD, FROM TIME TO TIME, MAY
Impose, the executive committee may exercise all the powers of the board,

EXCEPT that SUCh COMMIttee Shall not elect the president of the college or

REMOVE HIM OR HER FROM OFFICE; CHANGE THE FIXED POLICY OF THE BOARD; AMEND

OR SUSPEND THE BYLAWS; APPROVE THE ANNUAL BUDGET; APPROVE THE ANNUAL AUDIT;
SELL, MORTGAGE OR OTHERWISE HYPOTHECATE THE ASSETS OF THE COLLEGE EXCEPT IN

| Schedule O(Form 990) 2022 |
| :---: |
|  |  |
|  |
| THE NORMAL COURSE OF BUSINESS WHICH IS DEFINED AS: |
| (I) IN ACCORDANCE WITH THE PREVIOUSLY APPROVED ANNUAL OPERATING BUDGET, |
| (II) ANY CAPITAL PROJECTS Which have been authorized and approved by the |
| BOARD OR |
| (III) WHICH HAVE VALUE OF $\$ 50,000.00$ OR LESS); OR OVERRULE ANY ACTION OF |
| THE BOARD WITHOUT THE EXPRESS APPROVAL OF THE BOARD. |
| the executive Committee shall also be responsible for periodic review of |
| THE PRESIDENT'S PERFORMANCE OF HIS OR HER RESPONSIBILITIES. A MAJORITY OF |
| THE MEMBERS OF THE EXECUTIVE COMMIttee Shall Constitute a quorum for the |
| TRANSACTION OF SUCH BUSINESS AS THE EXECUTIVE COMMITTEE IS AUTHORIZED TO |
| transact, AND the vote of a majority of the members present shall be the |
| ACt of the executive committee. the executive committee shall keep and |
| MAINTAIN MINUTES OF ITS MEETINGS When the Committee takes action on behalf |
| OF THE BOARD, ShOWING ALL SUCH ACtion taken by the Committee and Shall |
| PROVIDE COPIES OF ITS MINUTES TO EACH MEMBER OF THE BOARD PRIOR TO THE NEXT |
| meeting of the board. the executive committee shall also provide a report |
| TO EACH MEMBER OF THE BOARD OF ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTE |
| AT SUCH A meeting within five business days after such meeting and present |
| SUCH ACTIONS TO THE BOARD AT THE BOARD'S NEXT MEETING. |

Page 2
Employer identification number
84-0402510

HE NORMAL COURSE OF BUSINESS WHICH IS DEFINED AS
(I) IN ACCORDANCE WITH THE PREVIOUSLY APPROVED ANNUAL OPERATING BUDGET, (II) ANY CAPITAL PROJECTS WHICH HAVE BEEN AUTHORIZED AND APPROVED BY THE BOARD OR
(III) WHICH HAVE VALUE OF $\$ 50,000.00$ OR LESS) ; OR OVERRULE ANY ACTION OF THE BOARD WITHOUT THE EXPRESS APPROVAL OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL ALSO BE RESPONSIBLE FOR PERIODIC REVIEW OF THE PRESIDENT'S PERFORMANCE OF HIS OR HER RESPONSIBILITIES. A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF SUCH BUSINESS AS THE EXECUTIVE COMMITTEE IS AUTHORIZED TO TRANSACT, AND THE VOTE OF A MAJORITY OF THE MEMBERS PRESENT SHALL BE THE ACT OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL KEEP AND MAINTAIN MINUTES OF ITS MEETINGS WHEN THE COMMITTEE TAKES ACTION ON BEHALF
FORM 990, PART VI, SECTION A, LINE 3:
PUBLIC BROADCASTING OF COLORADO (CPR) AND THE COLLEGE COLLABORATED OVER
MANAGEMENT OF THE KRCC RADIO STATION. MANAGEMENT OVERSIGHT HAS BEEN
DELEGATED TO CPR, AND THE BOARD AND COLLEGE SENIOR VP FOR FINANCE AND
ADMINISTRATION ROBERT G. MOORE (WHO IS A MEMBER OF THE CPR BOARD) MEET
REGULARLY TO DISCUSS RELEVANT MANAGEMENT TOPICS.

| Schedule O (Form 990) 2022 |
| :--- |
| Name of the organization $\quad$ THE COLORADO COLLEGE | | Page 2 |
| ---: |
| FORM 990, PART VI, SECTION A, LINE 4: |

THE PRESIDENT OF THE COLLEGE AND THE PRESIDENT OF THE AAB SERVE AS VOTING

MEMBERS OF THE BOARD DURING THEIR TERMS IN OFFICE. THE IMMEDIATE PAST

PRESIDENT OF THE AAB SERVES AS A VOTING MEMBER OF THE BOARD FOR A TERM OF

TWO YEARS.

IN THE CASE OF A VACANCY IN AN ALUMNI TRUSTEE POSITION, THE AAB MAY SELECT
A SUCCESSOR FOR THE UNEXPIRED PORTION OF THE TERM OF THE ALUMNI TRUSTEE

WHOSE POSITION IS VACANT, SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER, WITH A DETAIL REVIEW

PERFORMED BY THE ASSOC VICE PRESIDENT FOR FINANCE AND THE SR VP OF FINANCE

AND ADMINISTRATION. THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE,

WHO APPROVES THE DRAFT TO BE FILED WITH THE IRS. ONCE APPROVED BY THE AUDIT

COMMITTEE, THE FINAL FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD FOR

COMMENT, BEFORE FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASSOCIATE VICE PRESIDENT FOR INSTITUTIONAL PLANNING \& EFFECTIVENESS IS

| Schedule O (Form 990) 2022 | Page 2 |
| :---: | :---: |
| Name of the organization | Employer identification number |
| the colorado college | 84-0402510 |
| CHARGED WITH PRIMARY RESPONSIBILITY FOR MONITORING AND ENFORCING THE |  |
| CONFLICT OF INTEREST POLICY, AND IS ASSISTED BY THE PRESIDENT, AND THE |  |
| SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION. THE CURRENT POLICY, |  |
| ADOPTED BY the board of trustees in may of 2013 And amended in January |  |
| 2021, REQUIRES THAT A DETAILED ANNUAL DISCLOSURE FORM BE SIGNED AND |  |
| SUBMItted by all members of the trustees, the president, all officers of |  |
| THE COLLEGE, MEMBERS OF THE PRESIDENT'S CABINET (PERSONS REPORTING TO THE |  |
| PRESIDENT), ALL PERSONS REPORTING TO A MEMBER OF THE PRESIDENT'S CABINET, |  |
| And any other person at the College whose responsibilities include |  |
| SIGNIFICANT PURCHASING DECISIONS OR THE SELECTION OF VENDORS AT COLORADO |  |
| COLLEGE. |  |
| ALL disclosures are reviewed by the avp of institutional Planning \& |  |
| EFFECTIVENESS FOR MATERIALITY. ANY DISCLOSURE THAT RAISES A MATERIAL |  |
| CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH, IS REVIEWED BY THE AVP OF |  |
| INSTITUTIONAL PLANNING \& EFFECTIVENESS, AND/OR THE PRESIDENT, THE CHAIR OF |  |
| THE BOARD, OR THE AUDIt COMMITtee, DEPENDING ON THE ROLE OF the person |  |
| INVOLVED AND THE NATURE OF THE POTENTIAL CONFLICT. IF A CONFLICT OF |  |
| INTEREST IS DETERMINED TO EXIST, THE PERSON IS REQUIRED TO RECUSE |  |
| THEMSELVES FROM ANY DELIBERATIONS AND ANY DECISIONS REGARDING THE AFFECTED |  |
| TRANSACTION. ALL DELIBERATIONS ARE DOCUMENTED WIthin the board minutes. |  |

FORM 990, PART VI, SECTION B, LINE 15:
the office of human resources conducts an annual review of salary data

BASED ON COMPARABLE POSITIONS IN THE MARKET, WITH SPECIAL EMPHASIS ON
higher education and peer institutions. this data is shared with the board

Of trustees via the senior vp for finance and administration.
When the president was Initially hired, the board of trustees engaged an


FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
$\mathrm{CO}, \mathrm{FL}, \mathrm{MD}, \mathrm{OR}, \mathrm{AK}, \mathrm{IL}, \mathrm{KY}, \mathrm{LA}, \mathrm{MA}, \mathrm{MI}, \mathrm{NV}, \mathrm{NH}, \mathrm{NY}, \mathrm{ND}, \mathrm{OH}, \mathrm{OK}, \mathrm{PA}, \mathrm{SC}, \mathrm{WA}, \mathrm{WI}, \mathrm{AL}, \mathrm{AR}, \mathrm{CA}, \mathrm{CT}, \mathrm{DC}$
$\mathrm{GA}, \mathrm{HI}, \mathrm{KS}, \mathrm{ME}, \mathrm{MO}, \mathrm{MS}, \mathrm{NJ}, \mathrm{NM}, \mathrm{NC}, \mathrm{RI}, \mathrm{TN}, \mathrm{UT}, \mathrm{VA}, \mathrm{WV}, \mathrm{MN}$

FORM 990, PART VI, SECTION C, LINE 19:

COLORADO COLLEGE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST FOR A VALID BUSINESS PURPOSE. OTHER GOVERNING DOCUMENTS ARE ALSO

AVAILABLE ON THE COLLEGE'S WEBSITE.

FORM 990, PART VI, LINE 13
COLORADO COLLEGE HAS A CODE OF ETHICAL CONDUCT AND CONFLICT OF

INTEREST. CONTAINED WITHIN THAT POLICY IS INFORMATION ON REPORTING
CONCERNS. ANYONE AWARE OF A VIOLATION OF THE COLLEGE'S CODE OF ETHICAL

CONDUCT AND/OR CONFLICTS OF INTEREST SHOULD REPORT THE MATTER TO THE
COLLEGE'S DIRECTOR OF EMPLOYEE RELATIONS FOR CONFIDENTIAL HANDLING.

| Schedule O (Form 990) 2022 | Page 2 |
| :---: | :---: |
| Name of the organization THE COLORADO COLLEGE | Employer identification number $84-0402510$ |
| FOR REPORTERS WHO WANT TO REMAIN ANONYMOUS, THE COLLEGE PARTNERED WITH |  |
| AN OUTSIDE PROVIDER TO DEVELOP SPEAK UP COLORADO COLLEGE, AN ANONYMOUS |  |
| REPORTING PLATFORM. SPEAK UP COLORADO COLLEGE IS A 24 -HOUR REPORTING |  |
| SYSTEM WHERE USERS CAN ANONYMOUSLY SUBMIT CONCERNS OR ASK QUESTIONS. |  |
| THE COLLEGE Strives to Provide a Secure and healthy atmosphere for |  |
| STUDENTS, STAFF, FACULTY, VENDORS, AND VISITORS ALIKE. |  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |  |
| Change in value of Split interest agreement |  |
| FORM 990, PART XII, LINE 2C: |  |
| THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT |  |
| HAS NOT CHANGED FROM THE PRIOR YEAR. |  |

Related Organizations and Unrelated Partnerships

Name of the organization

> THE COLORADO COLLEGE

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

| (a) <br> Name, address, and EIN (if applicable) of disregarded entity | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Total income | (e) <br> End-of-year assets | (f) <br> Direct controlling entity |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DALE STREET PROPERTIES, LLC - 20-2018989 | REAL ESTATE | COLORADO | 0. | 0. | COLORADO COLLEGE |
| 116 EAST DALE STREET |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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) <br> Name, address, and EIN of related organization | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Exempt Code section | (e) <br> Public charity status (if section 501(c)(3)) | (f) <br> Direct controlling entity | ```(g) Section 512(b)(13) controlled entity?``` |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Yes | No |
| A BARNEY TRUST - 84-6217136 |  |  |  |  |  |  |  |
| 14 EAST CACHE LA POUDRE STREET |  |  |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 | PERP. TRUST | COLORADO | 501(C) (3) | PF | COLORADO COLLEGE | X |  |
| CARLTON TRUST - 84-6331869 |  |  |  |  |  |  |  |
| 14 EAST CACHE LA POUDRE STREET |  |  |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 | PERP. TRUST | COLORADO | 501(C) (3) | PF | COLORADO COLLEGE | X |  |
| FACULTY SALARY FUND - HAWLEY - 84-6049390 |  |  |  |  |  |  |  |
| 14 EAST CACHE LA POUDRE STREET |  |  |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 | PERP. TRUST | COLORADO | 501(C) (3) | PF | COLORADO COLLEGE | X |  |
| JACKSON TRUST - 84-6150097 |  |  |  |  |  |  |  |
| 14 EAST CACHE LA POUDRE STREET |  |  |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 | PERP. TRUST | COLORADO | 501 (C) (3) | PF | COLORADO COLLEGE | x |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations


[^1] Part III organizations treated as a partnership during the tax year.


Part IV
 organizations treated as a corporation or trust during the tax year.

| (a) <br> Name, address, and EIN of related organization | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Direct controlling entity | (e) <br> Type of entity (C corp, S corp, or trust) | (f) <br> Share of total income | (g) <br> Share of end-of-year assets | (h) <br> Percentage ownership | (i) Section $512(b)(13)$ controlled entity? |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | Yes | No |
| CASCADE AVENUE MEDIAL BUILDING - 84-6209636 |  |  |  |  |  |  |  |  |  |
| 809 N. CASCADE AVENUE |  |  | COLORADO |  |  |  |  |  |  |
| COLORADO SPRINGS, CO 80903 | INACTIVE | CO | COLLEGE | C CORP |  |  | 100\% | X |  |
|  |  |  |  |  |  |  |  |  |  |
| CHARITABLE REMAINDER ANNUITY TRUST (1) | CRAT | CO | COLLEGE | TRUST |  |  |  | X |  |
|  |  |  |  |  |  |  |  |  |  |
| CHARITABLE REMAINDER UNITRUST (15) | CRUT | CO | COLLEGE | TRUST |  |  |  | X |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35 b , or 36.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
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)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
I Performance of services or membership or fundraising solicitations for related organization(s)
$\mathbf{m}$ Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
$\mathbf{r}$ Other transfer of cash or property to related organization(s)

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
| 1 a |  | X |
| 1b |  | X |
| 1c |  | X |
| 1d |  | X |
| 1e |  | X |
|  |  |  |
| 1 f |  | X |
| 1 g |  | X |
| 1h |  | X |
| 1 i |  | X |
| 1j |  | X |
|  |  |  |
| 1k |  | X |
| 11 | X |  |
| 1m |  | X |
| 1 n | x |  |
| 10 |  | X |
|  |  |  |
| 1p |  | X |
| 19 |  | X |
|  |  |  |
| 1 r | X |  |
| 1 s | X |  |

s Other transfer of cash or property from related organization(s)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) <br> Name of related organization | (b) <br> Transaction type (a-s) | (c) <br> Amount involved | (d) <br> Method of determining amount involved |
| :---: | :---: | :---: | :---: |
| (1) WOMEN' S EDUCATIONAL SOCIETY OF COLORADO COLLEGE | S | 197,409. | CASH TRANSFERRED |
| (2) WOMEN'S EDUCATIONAL SOCIETY OF COLORADO COLLEGE TRUST | S | 26,506. | CASH TRANSFERRED |
| (3) FACULTY SALARY FUND - HAWLEY | S | 9,224. | CASH TRANSFERRED |
| (4) A BARNEY TRUST | S | 36,000. | CASH TRANSFERRED |
| (5) OTIS \& MARGARET BARNES TRUST | S | 1,045,036. | CASH TRANSFERRED |
| (6) MARGARET BARNES 1992 IRREV. | S | 608,858. | CASH TRANSFERRED |

## DocuSign Envelope ID: 55E49ABD-55D1-4BCE-A0CF-FD5EF2712DB5

Schedule R (Form 990) THE COLORADO COLLEGE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) <br> Name of other organization | $\begin{gathered} \text { (b) } \\ \begin{array}{c} \text { Transaction } \\ \text { type }(\mathrm{a}-\mathrm{s}) \end{array} \end{gathered}$ | (c) <br> Amount involved | Metho determining amount involved |
| :---: | :---: | :---: | :---: |
| (7) JACKSON TRUST | s | 16,000. | CASH TRANSFERRED |
| (8) CARLTON TRUST | s | 159,723. | CASH TRANSFERRED |
| (9) |  |  |  |
| (10) |  |  |  |
| (11) |  |  |  |
| (12) |  |  |  |
| (13) |  |  |  |
| (14) |  |  |  |
| (15) |  |  |  |
| (16) |  |  |  |
| (17) |  |  |  |
| (18) |  |  |  |
| (19) |  |  |  |
| (20) |  |  |  |
| (21) |  |  |  |
| (22) |  |  |  |
| (23) |  |  |  |
| (24) |  |  |  |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
 that was not a related organization. See instructions regarding exclusion for certain investment partnerships.


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

| Form 990-T | Exempt Organization Business Income Tax Return |
| :--- | :--- |

Department of the Treasury Department of the Treasu
Internal Revenue Service

For calendar year 2022 or other tax year beginning JUL 1, 2022 $\qquad$ , and ending
$\frac{\text { JUN } 30,2023}{\text { information. }}$ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| Name of organization ( Check box if name changed and see instructions.) | $\mathbf{D}^{\text {Employer identification number }}$ |
| :--- | :--- | :--- |


| G | Check organization type | X | 501(c) corporation | 501 (c) trust | 401(a) trust | Other trust | State college/university |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| H | Check if filing only to | Claim credit from Form 8941 | Claim a refund shown on Form 2439 |  |  |  |  |

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
J Enter the number of attached Schedules A (Form 990-T) ............................................................................ 6
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.
L The books are in care of LORIN SEAGER $\quad$ Telephone number (719)389-6693

| Part I | Total Unrelated Business Taxable Income |
| :--- | :--- |

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)
2 Reserved
3 Add lines 1 and 2
4 Charitable contributions (see instructions for limitation rules) _..............................................
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3
6 Deduction for net operating loss. See instructions .......................................................................
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.
Subtract line 6 from line 5
8 Specific deduction (generally $\$ 1,000$, but see instructions for exceptions)
9 Trusts. Section 199A deduction. See instructions
10 Total deductions. Add lines 8 and 9
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero

|  |  |
| ---: | ---: |
| 1 | $84,768$. |
| 2 |  |
| 3 | $84,768$. |
| 4 | 0. |
| 5 | $84,768 \cdot$ |
| 6 | $84,768$. |
| 7 |  |
| 8 | $1,000$. |
| 9 |  |
| 10 | $1,000$. |
| 11 | 0. |

## Part II $\quad$ Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21\% (0.21)
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on
Part I, line 11 from: Tax rate schedule or $\quad$ Schedule D (Form 1041)
3 Proxy tax. See instructions
4 Other tax amounts. See instructions
5 Alternative minimum tax (trusts only)
6 Tax on noncompliant facility income. See instructions
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

| 1 | 0 |
| ---: | ---: |
|  |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

LHA For Paperwork Reduction Act Notice, see instructions.
Form 990-T (2022)

\section*{| Part III | Tax and Payments |
| :--- | :--- |}

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
b Other credits (see instructions)
c General business credit. Attach Form 3800 (see instructions)
d Credit for prior year minimum tax (attach Form 8801 or 8827)
e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from: $\qquad$ Form 4255Form 8611Form 8697 Other (attach statement)

| 16) | 1 a |  |
| :---: | :---: | :---: |
|  | 1 b |  |
|  | 1c |  |
|  | 1d |  |


|  |  |
| :---: | :--- |
|  |  |
| 10 |  |
| 2 |  |
| 3 |  |
| 4 | 0. |
| 5 |  |
|  | 0. |

6a Payments: A 2021 overpayment credited to 2022
b 2022 estimated tax payments. Check if section 643(g) election applies
c Tax deposited with Form 8868
d Foreign organizations: Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (attach Form 8941)
g Other credits, adjustments, and payments: $\square$ Form 2439 $\square$ Form 4136 $\qquad$ $\square$ Other
7 Total payments. Add lines 6a through 6 g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4,5 , and 8 , enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4,5 , and 8 , enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded

|  | 6a |  |
| :---: | :---: | :---: |
|  | 6b |  |
|  | 6c |  |
|  | 6d |  |
|  | 6 e |  |
|  | $6 f$ |  |
| Total | 6 g |  |

Part IV
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year
\$ $\qquad$
4 Enter available pre-2018 NOL carryovers here $\$$ _ 4,303,861. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.

| Business Activity Code | Available post-2017 NOL carryover |
| :--- | :--- |
| SEE STATEMENT 6 | $\$$ |
|  | $\$$ |

6a Did the organization change its method of accounting? (see instructions)
b If 6 a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

\section*{| Part V | Supplemental Information |
| :--- | :--- |}

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.


| THE COLORADO COLLEGE |  | 84-0402510 |
| :---: | :---: | :---: |
| FORM 990-T | CONTRIBUTIONS | STATEMENT 1 |
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| CHARITABLE CONTRIBUTIONS - | N/A |  |
| CD\&R FUND X WATERWORKS B, LP |  | 147. |
| CHARITABLE CONTRIBUTIONS - | N/A |  |
| CD\&R FUND X ORANGE A, LP |  | 103. |
| CHARITABLE CONTRIBUTIONS - | N/A |  |
| CD\&R FUND X ENERGY A, LP |  | 425. |
| TOTAL TO FORM 990-T, PART I, | NE 4 | 675. |

QUALIFIED CONTRIBUTIONS SUBJECT TO $100 \%$ LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO $25 \%$ LIMIT
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
FOR TAX YEAR 2017
FOR TAX YEAR 2018
FOR TAX YEAR 2019
FOR TAX YEAR 2020
FOR TAX YEAR 2021
TOTAL CARRYOVER
TOTAL CURRENT YEAR 10\% CONTRIBUTIONS 675
TOTAL CONTRIBUTIONS AVAILABLE
TAXABLE INCOME LIMITATION AS ADJUSTED
EXCESS CONTRIBUTIONS 675
EXCESS 100\% CONTRIBUTIONS 0
TOTAL EXCESS CONTRIBUTIONS 675

ALLOWABLE CONTRIBUTIONS DEDUCTION
TOTAL CONTRIBUTION DEDUCTION

| THE COLORADO COLLEGE | 84-0402510 |
| :---: | :---: |
| FORM 990-T PRE 2018 NOL SCHEDULE | STATEMENT 3 |
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR | 4,303,861. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 84,768. |
| SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY <br> SCHEDULE A SHARE |  |
| 0. |  |
| 0. |  |
| 0. |  |
| 0. |  |
| 0. |  |
| 0. |  |
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0. |
| NET OPERATING DEDUCTION | 84,768. |
| BALANCE AFTER PRE-2018 NOL DEDUCTION | 0. |
| EXPIRING NET OPERATING LOSSES | 0. |
| CARRY FORWARD OF NET OPERATING LOSS | 4,219,093. |

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION
BALANCE AFTER PRE-2018 NOL DEDUCTION EXPIRING NET OPERATING LOSSES CARRY FORWARD OF NET OPERATING LOSS

4,303, 861 . 84,768.

CHEDULE A PORTION OF PRE-2018 NOL

SCHEDULE A ENTITY
1

7

THE COLORADO COLLEGE IS A PRIVATE, LIBERAL ARTS COLLEGE LOCATED IN COLORADO SPRINGS, COLORADO AND EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3). THE COLLEGE IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE PARTNERSHIPS PURSUANT TO THE REQUIREMENTS FOR PASS THROUGH ENTITIES. THE COLLEGE IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE COLLEGE TO YOUR STATE AS NON-BUSINESS INCOME.

THE FOLLOWING ARE THE PARTNERSHIPS THAT THE COLORADO COLLEGE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1.

CD\&R FUND X ENERGY A, LP
CD\&R FUND X WATERWORKS B, LP
DEERFIELD RCA HOLDINGS, L.P.
CD\&R FUND X ORANGE A, LP
10, 335.

9,762.
-1, 441 .
3,231.

1,217.


| FORM 990T, PART IV | AVAILABLE POST-2017 NOL | ST |
| :---: | :---: | :---: |
| BUSINESS CODE | AVAILABLE POST-2017 NOL |  |
| 531190 |  | $138,038$. |
| 711210 | $190,194$. |  |
| 624410 | $557,843$. |  |
| 713940 | $276,122$. |  |
| 453200 | $111,056$. |  |
| 901101 | $3,199,484$. |  |

## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| A Name of the organization |
| :--- | :--- | :---: |
| THE COLORADO COLLEGE |$\quad$| Employer identification number |
| :---: |
| $84-0402510$ |


| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: |
| $\qquad$ 783,265. <br> b Less returns and allowances $\qquad$ c Balance | 1c | 783,265. |  |  |
| 2 Cost of goods sold (Part III, line 8) | 2 |  |  |  |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 783,265. |  | 783,265. |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a |  |  |  |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b |  |  |  |
| c Capital loss deduction for trusts | 4c |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 |  |  |  |
| 6 Rent income (Part IV) | 6 |  |  |  |
| 7 Unrelated debt-financed income (Part V) | 7 |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 |  |  |  |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 |  |  |  |
| 10 Exploited exempt activity income (Part VIII) | 10 |  |  |  |
| 11 Advertising income (Part IX) | 11 |  |  |  |
| 12 Other income (see instructions; attach statement) | 12 |  |  |  |
| 13 Total. Combine lines 3 through 12 | 13 | 783,265. |  | 783,265. |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be

 directly connected with the unrelated business income|  | Compensation of officers, directors, and trustees (Part X) |  |  | 1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | Salaries and wages |  |  | 2 | 198,510. |
| 3 | Repairs and maintenance |  |  | 3 | 1,616. |
| 4 | Bad debts |  |  | 4 |  |
| 5 | Interest (attach statement). See instructions |  |  | 5 |  |
| 6 | Taxes and licenses |  |  | 6 |  |
| 7 | Depreciation (attach Form 4562). See instructions | 7 |  |  |  |
| 8 | Less depreciation claimed in Part III and elsewhere on return $\qquad$ Depletion |  |  | 8b |  |
| 9 |  |  |  | 9 |  |
| 10 | Depletion ............................................... |  |  | 10 | 14,463. |
| 11 | Contributions to deferred compensation plans Employee benefit programs |  |  | 11 | 34,561. |
| 12 | Excess exempt expenses (Part VIII) |  |  | 12 |  |
| 13 | Excess readership costs (Part IX) |  |  | 13 |  |
| 14 | Other deductions (attach statement) _................................................. SEE STATEMENT 7 |  |  | 14 | 449,347. |
| 15 | Total deductions. Add lines 1 through 14 |  |  | 15 | 698,497. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |  |  | 16 | 84,768. |
| 17 | Deduction for net operating loss. See instructions |  |  | 17 | 0. |
| LHA For Paperwork Reduction Act Notice, see instructions. |  |  |  | 18 | 84,768. |
|  |  |  |  |  | 990-T) 2022 |

## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| AName of the organization <br> THE COLORADO COLLEGE | Employer identification number <br> $84-0402510$ |  |
| :--- | :--- | :--- |
| C Unrelated business activity code (see instructions) | 711210 |  |


| Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & 1 \mathbf{a} \text { Gross receipts or sales } \\ & \mathbf{b} \text { Less returns and allowances } 80,000 \text {. } \\ & \text { c Balance }\end{aligned}$ | 1c | 80,000. |  |  |
| 2 Cost of goods sold (Part III, line 8) | 2 |  |  |  |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 80,000. |  | 80,000. |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a |  |  |  |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b |  |  |  |
| c Capital loss deduction for trusts | 4c |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 |  |  |  |
| 6 Rent income (Part IV) | 6 | 151,448. | 83. | 151,365. |
| 7 Unrelated debt-financed income (Part V) | 7 |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 |  |  |  |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 |  |  |  |
| 10 Exploited exempt activity income (Part VIII) | 10 | 589,825. | 179,016. | 410,809. |
| 11 Advertising income (Part IX) | 11 |  |  |  |
| 12 Other income (see instructions; attach statement) ........... | 12 | 11,524. |  | 11,524. |
| 13 Total. Combine lines 3 through 12 | 13 | 832,797. | 179,099. | 653,698. |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be

 directly connected with the unrelated business income

## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| AName of the organization <br> THE COLORADO COLLEGE |
| :--- |
| C Unrelated business activity code (see instructions) |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be

 directly connected with the unrelated business income|  | Compensation of officers, directors, and trustees (Part X) |  |  | 1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | Salaries and wages |  |  | 2 | 226,070. |
| 3 | Repairs and maintenance |  |  | 3 | 822. |
| 4 | Bad debts |  |  | 4 |  |
| 5 | Interest (attach statement). See instructions |  |  | 5 |  |
| 6 | Taxes and licenses |  |  | 6 |  |
| 7 | Depreciation (attach Form 4562). See instructions | 7 |  |  |  |
| 8 | Less depreciation claimed in Part III and elsewhere on return ........................... $8 \mathbf{8 a}$ |  |  | 8b |  |
| 9 | Depletion |  |  | 9 |  |
| 10 | Contributions to deferred compensation plans |  |  | 10 | 17,586. |
| 11 | Employee benefit programs |  |  | 11 | 55,691. |
| 12 | Excess exempt expenses (Part VIII) |  |  | 12 |  |
| 13 | Excess readership costs (Part IX) |  |  | 13 |  |
| 14 | Other deductions (attach statement) <br> Total deductions. Add lines 1 through 14 |  |  | 14 | 27,636. |
| 15 |  |  |  | 15 | 327,805. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |  |  | 16 | -137,520. |
| 17 | Deduction for net operating loss. See instructions ........................................................... |  |  | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 |  |  | 18 | -137,520. |
| LHA For Paperwork Reduction Act Notice, see instructions. | For Paperwork Reduction Act Notice, see instructions. |  |  | hed | 990-T) 2022 |

## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| AName of the organization <br> THE COLORADO COLLEGE | Employer identification number <br> $84-0402510$ |  |
| :--- | :--- | :---: |
|  |  |  |
| C Unrelated business activity code (see instructions) | 713940 | Dequence: |


| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: |
| 1a Gross receipts or sales b Less returns and allowances 8,597. | 1 c | 8,597. |  |  |
| 2 Cost of goods sold (Part III, line 8) | 2 |  |  |  |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 8,597. |  | 8,597. |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a |  |  |  |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b |  |  |  |
| c Capital loss deduction for trusts | 4c |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 |  |  |  |
| 6 Rent income (Part IV) | 6 |  |  |  |
| 7 Unrelated debt-financed income (Part V) | 7 |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 |  |  |  |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 |  |  |  |
| 10 Exploited exempt activity income (Part VIII) | 10 |  |  |  |
| 11 Advertising income (Part IX) | 11 |  |  |  |
| 12 Other income (see instructions; attach statement) | 12 |  |  |  |
| 13 Total. Combine lines 3 through 12 | 13 | 8,597. |  | 8,597. |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be

 directly connected with the unrelated business income| 1 | Compensation of officers, directors, and trustees (Part X) |  |  | 1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | Salaries and wages |  |  | 2 | 83,491. |
| 3 | Repairs and maintenance |  |  | 3 | 3,968. |
| 4 | Bad debts |  |  | 4 |  |
| 5 | Interest (attach statement). See instructions |  |  | 5 |  |
| 6 | Taxes and licenses ...................................... |  |  | 6 |  |
| 7 | Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion | 7 | 7 |  |  |
| 8 |  | 8 a |  | 8b |  |
| 9 |  | Depletion <br> Contributions to deferred compensation plans |  |  | 9 |  |
| 10 |  |  |  |  | 10 | 5,730. |
| 11 |  |  |  | 11 | 14,006. |
| 12 | Excess exempt expenses (Part VIII) |  |  | 12 |  |
| 13 | Excess readership costs (Part IX) |  |  | 13 |  |
| 14 |  |  |  | 14 | 11,723. |
| 15 | Total deductions. Add lines 1 through 14 |  |  | 15 | 118,918. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |  |  | 16 | -110, 321. |
| 17 | Deduction for net operating loss. See instructions |  |  | 17 | 0. |
| $\mathbf{1 8}$ Unrelated business taxable income. Subtract line 17 from line 16 <br> LHA For Paperwork Reduction Act Notice, see instructions. |  |  |  | 18 | -110,321. |
|  |  |  |  | ed | 990-T) 2022 |

## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

|  | Name of the organization THE COLORADO COLLEGE |  | B Employer identification number$84-0402510$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| C | Unrelated business activity code (see instructions) | 453200 | D Sequence: | 5 | of | 6 |
| E | Describe the unrelated trade or business FINE | CENTER GIFT SHOP |  |  |  |  |


| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: |
| 1a Gross receipts or sales <br> b Less returns and allowances $\qquad$ c Balance | 1c |  |  |  |
| 2 Cost of goods sold (Part III, line 8) | 2 |  |  |  |
| 3 Gross profit. Subtract line 2 from line 1c | 3 |  |  |  |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a |  |  |  |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b |  |  |  |
| c Capital loss deduction for trusts | 4c |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 |  |  |  |
| 6 Rent income (Part IV) | 6 |  |  |  |
| 7 Unrelated debt-financed income (Part V) | 7 |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 |  |  |  |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 |  |  |  |
| 10 Exploited exempt activity income (Part VIII) | 10 |  |  |  |
| 11 Advertising income (Part IX) | 11 |  |  |  |
| 12 Other income (see instructions; attach statement) | 12 |  |  |  |
| 13 Total. Combine lines 3 through 12 | 13 |  |  |  |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income


## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
$\left.\begin{array}{l|l|c}\hline \text { A } \begin{array}{c}\text { Name of the organization } \\ \text { THE COLORADO COLLEGE }\end{array} & \text { B Employer identification number } \\ 84-0402510\end{array}\right]$

E Describe the unrelated trade or business QUALIFYING PARTNERSHIP INTERESTS

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: |
| 1a Gross receipts or sales <br> b Less returns and allowances $\qquad$ c Balance | 1c |  |  |  |
| 2 Cost of goods sold (Part III, line 8) | 2 |  |  |  |
| 3 Gross profit. Subtract line 2 from line 1c | 3 |  |  |  |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | 3,720. |  | 3,720. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | -190,010. |  | -190,010. |
| c Capital loss deduction for trusts | 4c |  |  |  |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 20 | 5 | 154,515. |  | 154,515. |
| 6 Rent income (Part IV) | 6 |  |  |  |
| 7 Unrelated debt-financed income (Part V) | 7 |  |  |  |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 |  |  |  |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 |  |  |  |
| 10 Exploited exempt activity income (Part VIII) | 10 |  |  |  |
| 11 Advertising income (Part IX) | 11 |  |  |  |
| 12 Other income (see instructions; attach statement) ...STMT 21 | 12 | 10,676. |  | 10,676. |
| 13 Total. Combine lines 3 through 12 | 13 | -21,099. |  | -21,099. |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be

 directly connected with the unrelated business income

| Part III | C |
| :---: | :---: |
| $\mathbf{1}$ | Inventory |
| $\mathbf{2}$ | Purchas |
| $\mathbf{3}$ | Cost of I |
| $\mathbf{4}$ | Addition |
| $\mathbf{5}$ | Other co |
| $\mathbf{6}$ | Total. A |
| $\mathbf{7}$ | Inventor |
| $\mathbf{8}$ | Cost of |
| $\mathbf{9}$ | Do the ru |
| Part IV | Re |
| $\mathbf{1}$ | Descript |
|  | A |
|  | B |
|  | C |
| C | $\square$ |
| D | $\square$ |

2 Rent received or accrued
a From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ )
b From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income)
c Total rents received or accrued by property. Add lines 2a and 2 b , columns A through D

| A | B | C | D |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
4 in lines 2(a) and 2(b) (attach statement)


## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D }\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6


8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10


3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
151,448. Deductions directly connected with the income
4 in lines 2(a) and 2(b) (attach statement) STMT 12

$$
83 .
$$

## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D } & \square\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6
A

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10

| Part III | C |
| :---: | :---: |
| $\mathbf{1}$ | Inventory |
| $\mathbf{2}$ | Purchas |
| $\mathbf{3}$ | Cost of I |
| $\mathbf{4}$ | Addition |
| $\mathbf{5}$ | Other co |
| $\mathbf{6}$ | Total. A |
| $\mathbf{7}$ | Inventor |
| $\mathbf{8}$ | Cost of |
| $\mathbf{9}$ | Do the ru |
| Part IV | Re |
| $\mathbf{1}$ | Descript |
|  | A |
|  | B |
|  | C |
| C | $\square$ |
| D | $\square$ |

2 Rent received or accrued
a From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ )
b From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income)
c Total rents received or accrued by property. Add lines 2a and 2 b , columns A through D

| A | B | C | D |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
4 in lines 2(a) and 2(b) (attach statement)

## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D } & \square\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6


8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10

| Part III | II C |
| :---: | :---: |
| 1 In | Inventor |
| 2 | Purchas |
| 3 | Cost of |
| 4 A | Addition |
| 5 | Other co |
| 6 | Total. A |
| 7 | Inventor |
| 8 C | Cost of |
| 9 D | Do the r |
| Part IV | V Re |
| 1 D | Descript |
|  | A |
|  | B |
|  | C |
|  | D |

2 Rent received or accrued
a From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ )
b From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income)
c Total rents received or accrued by property. Add lines 2a and 2 b , columns A through D

| A | B | C | D |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
4 in lines 2(a) and 2(b) (attach statement)

## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D } & \square\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6


8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10

| Part III | C |
| :---: | :--- |
| $\mathbf{1}$ | Inventory |
| $\mathbf{2}$ | Purchas |
| $\mathbf{3}$ | Cost of I |
| $\mathbf{4}$ | Addition |
| $\mathbf{5}$ | Other co |
| $\mathbf{6}$ | Total. A |
| $\mathbf{7}$ | Inventory |
| $\mathbf{8}$ | Cost of |
| $\mathbf{9}$ | Do the ru |
| Part IV | Re |
| $\mathbf{1}$ | Descript |
|  | A |
|  | B |
|  | $\square$ |
| C | $\square$ |
| D | $\square$ |

2 Rent received or accrued
a From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ )
b From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income)
c Total rents received or accrued by property. Add lines 2a and 2 b , columns A through D

| A | B | C | D |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
4 in lines 2(a) and 2(b) (attach statement)


## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D }\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6


8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10

| Part III | C |
| :---: | :---: |
| $\mathbf{1}$ | Inventory |
| $\mathbf{2}$ | Purchas |
| $\mathbf{3}$ | Cost of I |
| $\mathbf{4}$ | Addition |
| $\mathbf{5}$ | Other co |
| $\mathbf{6}$ | Total. A |
| $\mathbf{7}$ | Inventor |
| $\mathbf{8}$ | Cost of |
| $\mathbf{9}$ | Do the ru |
| Part IV | Re |
| $\mathbf{1}$ | Descript |
|  | A |
|  | B |
|  | C |
| C | $\square$ |
| D | $\square$ |

2 Rent received or accrued
a From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ )
b From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income)
c Total rents received or accrued by property. Add lines 2a and 2 b , columns A through D

| A | B | C | D |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)
4 in lines 2(a) and 2(b) (attach statement)

## 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
$\begin{array}{ll}\text { A } & \square \\ \text { B } & \square \\ \text { C } & \square \\ \text { D } & \square\end{array}$ $\qquad$


2 Gross income from or allocable to debt-financed property
3 Deductions directly connected with or allocable to debt-financed property
a Straight line depreciation (attach statement)
b Other deductions (attach statement)
c Total deductions (add lines 3a and 3b, columns A through D)
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5 Average adjusted basis of or allocable to debtfinanced property (attach statement)
6 Divide line 4 by line 5
7 Gross income reportable. Multiply line 2 by line 6


8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)
9 Allocable deductions. Multiply line 3c by line 6
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)
11 Total dividends-received deductions included in line 10

| Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations |  |  |  |  |  |
|  |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made |  | 5. Part of column 4 that is included in the controlling organization's gross income |  | 6. Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
| Nonexempt Controlled Organizations |  |  |  |  |  |  |  |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of spec payments ma |  | 10. Part that is inc controlling $\qquad$ | of column 9 cluded in the organization's s income |  | Deductions directly connected with come in column 10 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
|  |  |  |  | Add colum Enter here line 8, | mns 5 and 10. and on Part I, column (A) |  | d columns 6 and 11. er here and on Part I, line 8, column (B) |
| Totals |  |  |  |  |  |  | 0. |


| Part VII | Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | $\|$4. Set-asides <br> (attach statement) | $\begin{aligned} & \text { 5. Total deductions } \\ & \text { and set-asides } \\ & \text { (add cols } 3 \text { and 4) } \end{aligned}$ |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
|  |  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals |  | 0. |  |  | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)
1 Description of exploited activity:
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7
5 Gross income from activity that is not unrelated business income
6 Expenses attributable to income entered on line 5
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12


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| Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations |  |  |  |  |  |
|  |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made |  | 5. Part of column 4 that is included in the controlling organization's gross income |  | 6. Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
| Nonexempt Controlled Organizations |  |  |  |  |  |  |  |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of spec payments ma |  | 10. Part that is inc controlling $\qquad$ | of column 9 cluded in the organization's s income |  | Deductions directly connected with come in column 10 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
|  |  |  |  | Add colum Enter here line 8, | mns 5 and 10. and on Part I, column (A) |  | d columns 6 and 11. er here and on Part I, line 8, column (B) |
| Totals |  |  |  |  |  |  | 0. |




| Part VII | Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
|  |  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals |  | 0. |  |  | 0 . |


| Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) |  |  |  |
| :---: | :---: | :---: | :---: |
| 1 | Description of exploited activity: |  |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |  |
| 5 | Gross income from activity that is not unrelated business income | 5 |  |
| 6 | Expenses attributable to income entered on line 5 | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |  |

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| Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations |  |  |  |  |  |
|  |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made |  | 5. Part of column 4 that is included in the controlling organization's gross income |  | 6. Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
| Nonexempt Controlled Organizations |  |  |  |  |  |  |  |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of spec payments ma |  | 10. Part that is inc controlling $\qquad$ | of column 9 cluded in the organization's s income |  | Deductions directly connected with come in column 10 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
|  |  |  |  | Add colum Enter here line 8, | mns 5 and 10. and on Part I, column (A) |  | d columns 6 and 11. er here and on Part I, line 8, column (B) |
| Totals |  |  |  |  |  |  | 0. |


| VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
|  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | 0. |  |  | 0. |


| Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) |  |  |  |
| :---: | :---: | :---: | :---: |
| 1 | Description of exploited activity: |  |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |  |
| 5 | Gross income from activity that is not unrelated business income | 5 |  |
| 6 | Expenses attributable to income entered on line 5 | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |  |

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| Part VII | Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
|  |  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals |  | 0. |  |  | 0 . |


| Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) |  |  |  |
| :---: | :---: | :---: | :---: |
| 1 | Description of exploited activity: |  |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |  |
| 5 | Gross income from activity that is not unrelated business income | 5 |  |
| 6 | Expenses attributable to income entered on line 5 | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |  |

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| Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations |  |  |  |  |  |
|  |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made |  | 5. Part of column 4 that is included in the controlling organization's gross income |  | 6. Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
| Nonexempt Controlled Organizations |  |  |  |  |  |  |  |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of spec payments ma |  | 10. Part that is inc controlling $\qquad$ | of column 9 cluded in the organization's s income |  | Deductions directly connected with come in column 10 |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
|  |  |  |  | Add colum Enter here line 8, | mns 5 and 10. and on Part I, column (A) |  | d columns 6 and 11. er here and on Part I, line 8, column (B) |
| Totals |  |  |  |  |  |  | 0. |


| Part VII | Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | $\|$4. Set-asides <br> (attach statement) | $\begin{aligned} & \text { 5. Total deductions } \\ & \text { and set-asides } \\ & \text { (add cols } 3 \text { and 4) } \end{aligned}$ |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
|  |  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals |  | 0. |  |  | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)
1 Description of exploited activity:
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7
5 Gross income from activity that is not unrelated business income
6 Expenses attributable to income entered on line 5
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12


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2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line $13 \ldots \ldots$..........................................................................................

| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(\mathbf{2 )}$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  | Part XI Supplemental Information (see instructions)

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2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line $13 \ldots \ldots$..........................................................................................

| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(2)$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  | Part XI Supplemental Information (see instructions)

Schedule A (Form 990-T) 2022


2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line $13 \ldots \ldots$..........................................................................................

| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(2)$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  | Part XI Supplemental Information (see instructions)

Schedule A (Form 990-T) 2022


2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line $13 \ldots \ldots$..........................................................................................

| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(2)$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  | Part XI Supplemental Information (see instructions)

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2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line $13 \ldots \ldots$..........................................................................................

| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(2)$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  | Part XI Supplemental Information (see instructions)

Schedule A (Form 990-T) 2022


2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A)
a
3 Direct advertising costs by periodical
a Add columns A through D. Enter here and on Part I, line 11, column (B)
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8 . For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8
5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5 , subtract line 6 from line 5 . If line 5 is less than line 6 , enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4 , enter the lesser of line 4 or line 7

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|  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on


| Part X Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |
| :--- | :--- | ---: | ---: |
| 1. Name | 2. Title | 3. Percentage <br> of time devoted <br> to business | 4. Compensation <br> attributable to <br> unrelated business |
| (1) |  | $\%$ |  |
| $(\mathbf{2 )}$ |  | $\%$ |  |
| $(3)$ |  | $\%$ |  |
| (4) |  |  |  |

## Part XI Supplemental Information (see instructions)

PAGE 1, LINE BOX C: NAICS CODE WAS UPDATED FROM 523000 TO 901101 TO

ALIGN WITH THE 990-T INSTRUCTIONS FOR REPORTING QUALIFYING PARTNERSHIP

INTERESTS.


| THE COLORADO COLLEGE | $84-0402510$ |  |
| :--- | :--- | ---: |
| FORM $990-T(A)$ | OTHER INCOME | STATEMENT 9 |

DESCRIPTION
AMOUNT

| MISCELLANEOUS |  |
| :--- | :--- |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | $11,524$. |

$\left.\begin{array}{lc}\hline \hline \text { FORM 990-T (A) } & \text { OTHER DEDUCTIONS }\end{array}\right]$ STATEMENT 10




| DESCRIPTION |  | ACTIVITY NUMBER | AMOUNT | TOTAL |
| :---: | :---: | :---: | :---: | :---: |
| SALARIES |  |  | 64,166. |  |
| BENEFITS |  |  | 20,885. |  |
| PRINTING \& PUBLICATIONS |  |  | 7,405. |  |
| PURCHASED SERVICES |  |  | 86,560. |  |
|  | - SUBTOTAL | 1 |  | 179,016. |
| TOTAL OF FORM 990-T, SCHEDULE | A, PART | I, COLUMN |  | 179,016. |


| FORM 990-T (A) | OTHER DEDUCTIONS |
| :--- | :--- |

DESCRIPTION
EDUCATION
FOOD SERVICES
SUPPLIES

MINOR EQUIPMENT
OTHER MISCELLANEOUS EXPENSE
TAXES \& LICENSES
1,443 .

TOTAL TO SCHEDULE A, PART II, LINE 14

27,636.
$\xrightarrow{\square}$


| THE COLORADO COLLEGE |  | $\frac{84-0402510}{}$ |
| :--- | :--- | ---: |
| FORM $990-\mathrm{T}(\mathrm{A})$ | OTHER DEDUCTIONS | STATEMENT 16 |


|  |  |
| :--- | ---: |
| DESCRIPTION | AMOUNT |
| SUPPLIES | 671. |
| TRAVEL | 19. |
| MINOR EQUIPMENT | $9,766$. |
| OTHER MISCELLANEOUS EXPENSE | 258. |
| EDUCATION | 174. |
| FOOD SERVICES | 822. |
| PURCHASED SERVICES | 13. |

TOTAL TO SCHEDULE A, PART II, LINE 14
11,723.


| THE COLORADO COLLEGE |  | $84-0402510$ |
| :--- | ---: | ---: |
| FORM $990-T($ A $)$ | OTHER | DEDUCTIONS |

$\longrightarrow$

| DESCRIPTION | AMOUNT |
| :--- | :--- |
| FOOD SERVICES | 61 |

## SUPPLIES

OTHER MISCELLANEOUS EXPENSE
MINOR EQUIPMENT

TOTAL TO SCHEDULE A, PART II, LINE 14
3,129.


| THE COLORADO COLLEGE | 84-0402510 |
| :---: | :---: |
| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 20 |
| DESCRIPTION | $\begin{array}{cc} \text { NET } & \text { INCOME } \\ \text { OR } & \text { (LOSS }) \end{array}$ |
| CD\&R FUND X ENERGY A, LP - ORDINARY BUSINESS INCOME (LOSS) | -79,405. |
| CD\&R FUND X WATERWORKS B, LP - ORDINARY BUSINESS INCOME (LOSS) | 307,716. |
| DEERFIELD HEALTHCARE INNOVATIONS FUND, LP - ORDINARY BUSINESS INCOME (LOSS) | 8,864. |
| ```DEERFIELD PH HOLDINGS IV, LP - ORDINARY BUSINESS INCOME (LOSS)``` | -273,345. |
| DEERFIELD PRIVATE DESIGN FUND III, LP - ORDINARY BUSINESS INCOME (LOSS) | -11,065. |
| DEERFIELD PRIVATE DESIGN FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS) | -84, 857. |
| DEERFIELD RCA HOLDINGS, LP - ORDINARY BUSINESS INCOME (LOSS) | -44,538. |
| DEERFIELD RE HOLDINGS IV, LP - NET RENTAL REAL ESTATE INCOME | 738. |
| EIG ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME (LOSS) | 101. |
| EIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS) | 135,576. |
| EIG ENERGY FUND XV-A, LP - OTHER INCOME (LOSS) | -73,612. |
| YORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS) | 285,821. |
| YORKTOWN ENERGY PARTNERS X, LP - NET RENTAL REAL ESTATE INCOME | 44. |
| YORKTOWN ENERGY PARTNERS X, LP - OTHER INCOME (LOSS) | -6,055. |
| YORKTOWN ENERGY PARTNERS XI, LP - INTEREST INCOME | 583,932. |
| YORKTOWN ENERGY PARTNERS XI, LP - OTHER INCOME (LOSS) | -528,927. |
| CD\&R FUND X ORANGE A, LP - ORDINARY BUSINESS INCOME (LOSS) | 50,964. |
| CD\&R FUND X ORANGE A, LP - INTEREST INCOME | 3,965. |
| AUDAX PRIVATE EQUITY ORIGINS FUND I, LP - OTHER INCOME (LOSS) | -126,381. |
| CD\&R FUND XI AIV B, L.P. - INTEREST INCOME | 4,825. |
| CLAYTON, DUBILIER \& RICE FUND XI, L.P. - ORDINARY BUSINESS |  |
| INCOME (LOSS) | -74. |
| PRIME FINANCE SPECIAL SITUATIONS 2020 FUND, L.P. - |  |
| ORDINARY BUSINESS INCOME | 228. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | 154,515. |

FORM 990-T (A) OTHER INCOME

STATEMENT 21

DESCRIPTION
CANCELLATION OF DEBT - CD\&R FUND X ENERGY A, LP
TOTAL TO SCHEDULE A, PART I, LINE 12
AMOUNT

| $10,676$. |
| ---: |
| $10,676$. |


| THE COLORADO COLLEGE |  | $84-0402510$ |
| :--- | :--- | ---: |
| FORM $990-\mathrm{T}$ (A) | OTHER DEDUCTIONS | STATEMENT 22 |

DESCRIPTION
AMOUNT
ACCOUNTING FEES
OTHER DEDUCTIONS - PORTFOLIO FROM CD\&R FUND X ORANGE A, LP
OTHER DEDUCTIONS - PORTFOLIO FROM AUDAX PRIVATE EQUITY
ORIGINS FUND I, LP
OTHER DEDUCTIONS - PORTFOLIO FROM CD\&R FUND XI AIV B, L.P.
OTHER DEDUCTIONS - PORTFOLIO FROM CLAYTON, DUBILIER \& RICE
FUND XI, L.P.

TOTAL TO SCHEDULE A, PART II, LINE 14
71,844.


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THE COLORADO COLLEGE
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Go to www.irs.gov/Form1120 for instructions and the latest information.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| Part I $\quad$ Short-Term Capital Gains and Losses - Assets Held One Year or Less |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| See instructions for how to figure the amounts to enter on the lines below. <br> This form may be easier to complete if you round off cents to whole dollars. |  | (d) <br> Proceeds (sales price) | $\begin{gathered} \text { (e) } \\ \text { Cost } \\ \text { (or other basis) } \end{gathered}$ | (g) Adjustments to or loss from Form(s) 8 Part I, line 2, column |  | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |  |  |  |  |  |  |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked |  |  |  |  |  |  |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked |  |  |  |  |  |  |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked |  |  |  |  |  |  |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. |  |  |  |  | 4 |  |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  | 5 |  |
| 6 Unused capital loss carryover (attach computation) |  |  |  |  | 6 | ) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h |  |  |  |  | 7 |  |

Part II

| See instructi to enter on t This form may round off cen | ns for how to figure the amounts lines below. <br> be easier to complete if you to whole dollars. | (d) <br> Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) |  | (h) Gain or (loss) <br> Subtract column (e) from column (d) and combine the result with column (g) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 8a Totals fo on Form reported no adjus if you ch on Form line 8b | all long-term transactions reported 099-B for which basis was o the IRS and for which you have ments (see instructions). However, ose to report all these transactions 949, leave this line blank and go to |  |  |  |  |  |
| 8b Totals for all transactions reported on$\qquad$ Form(s) 8949 with Box D checked |  |  |  |  |  |  |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked |  |  |  |  |  |  |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked |  |  |  |  |  | 3,720. |
| 11 Enter gain from Form 4797, line 7 or 9 |  |  |  |  | 11 |  |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 |  |  |  |  | 12 |  |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  | 13 |  |
| 14 Capital gain distributions |  |  |  |  | 14 |  |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h |  |  |  |  | 15 | 3,720. |
| Part III ${ }^{\text {S }}$ Summary of Parts I and II |  |  |  |  |  |  |
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) |  |  |  |  | 16 |  |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) |  |  |  |  | 17 | 3,720. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns |  |  |  |  | 18 | 3,720. |

Note: If losses exceed gains, see Capital Losses in the instructions.

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THE COLORADO COLLEGE
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Go to www.irs.gov/Form1120 for instructions and the latest information.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| Part I $\quad$ Short-Term Capital Gains and Losses - Assets Held One Year or Less |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| See instructions for how to figure the amounts to enter on the lines below. <br> This form may be easier to complete if you round off cents to whole dollars. |  | (d) <br> Proceeds (sales price) | $\begin{gathered} \text { (e) } \\ \text { Cost } \\ \text { (or other basis) } \end{gathered}$ | (g) Adjustments to or loss from Form(s) 8 Part I, line 2, column |  | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |  |  |  |  |  |  |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked |  |  |  |  |  |  |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked |  |  |  |  |  |  |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked |  |  |  |  |  |  |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. |  |  |  |  | 4 |  |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  | 5 |  |
| 6 Unused capital loss carryover (attach computation) |  |  |  |  | 6 | ) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h |  |  |  |  | 7 |  |

Part II

| See instructi to enter on t This form may round off cen | ns for how to figure the amounts lines below. <br> be easier to complete if you to whole dollars. | (d) <br> Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) |  | (h) Gain or (loss) <br> Subtract column (e) from column (d) and combine the result with column (g) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 8a Totals fo on Form reported no adjus if you ch on Form line 8b | all long-term transactions reported 099-B for which basis was o the IRS and for which you have ments (see instructions). However, ose to report all these transactions 949, leave this line blank and go to |  |  |  |  |  |
| 8b Totals for all transactions reported on$\qquad$ Form(s) 8949 with Box D checked |  |  |  |  |  |  |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked |  |  |  |  |  |  |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked |  |  |  |  |  | 3,720. |
| 11 Enter gain from Form 4797, line 7 or 9 |  |  |  |  | 11 |  |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 |  |  |  |  | 12 |  |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  | 13 |  |
| 14 Capital gain distributions |  |  |  |  | 14 |  |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h |  |  |  |  | 15 | 3,720. |
| Part III ${ }^{\text {S }}$ Summary of Parts I and II |  |  |  |  |  |  |
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) |  |  |  |  | 16 |  |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) |  |  |  |  | 17 | 3,720. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns |  |  |  |  | 18 | 3,720. |

Note: If losses exceed gains, see Capital Losses in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COLORADO COLLEGE

Social security number or taxpayer identification no.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,
see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or
codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B


Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

## THE COLORADO COLLEGE

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| $\begin{aligned} & \mathbf{2} \\ & \text { SEE } \end{aligned}$ | (a) Description of property STATEMENT 24 | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale |  | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 3 | Gain, if any, from Form 4684, line 39 |  |  |  |  |  | 3 |  |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 |  |  |  |  |  | 4 |  |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  |  | 5 |  |
| 6 | Gain, if any, from line 32, from other than casualty or theft |  |  |  |  |  | 6 |  |
|  | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows |  |  |  |  |  | 7 | -259,894. |
|  | Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. |  |  |  |  |  |  |  |
|  | Individuals, partners, $\mathbf{S}$ corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 . If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule $D$ filed with your return and skip lines $8,9,11$, and 12 below. |  |  |  |  |  |  |  |
|  | Nonrecaptured net section 1231 losses from prior years. See instructions ................................................... |  |  |  |  |  | 8 |  |
|  | Subtract line 8 from line 7 . If zero or less, enter -0 . If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions |  |  |  |  |  | 9 |  |

## Part II Ordinary Gains and Losses (see instructions)



## LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section $1245,1250,1252,1254$, or 1255 property: |  |  |  | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |
| These columns relate to the properties on lines 19A through 19D. |  | Property A | Property B | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) <br> 21 Cost or other basis plus expense of sale <br> 22 Depreciation (or depletion) allowed or allowable <br> 23 Adjusted basis. Subtract line 22 from line 21 <br> 24 Total gain. Subtract line 23 from line 20 | 20 |  |  |  |  |
|  | 21 |  |  |  |  |
|  | 22 |  |  |  |  |
|  | 23 |  |  |  |  |
|  | 24 |  |  |  |  |
| 25 If section 1245 property: <br> a Depreciation allowed or allowable from line 22 <br> b Enter the smaller of line 24 or 25a $\qquad$ | 25a |  |  |  |  |
|  | 25b |  |  |  |  |
| 26 If section 1250 property: If straight line depreciation was used, enter -0 - on line 26 g , except for a corporation subject to section 291. <br> a Additional depreciation after 1975. See instructions | 26a |  |  |  |  |
| b Applicable percentage multiplied by the smaller of line 24 or line 26 a. See instructions | 26b |  |  |  |  |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c |  |  |  |  |
| d Additional depreciation after 1969 and before 1976 <br> e Enter the smaller of line 26 c or 26 d | 26d |  |  |  |  |
|  | 26e |  |  |  |  |
| f Section 291 amount (corporations only) <br> g Add lines 26b, 26e, and $26 f$ | 26f |  |  |  |  |
|  | 26 g |  |  |  |  |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. <br> a Soil, water, and land clearing expenses <br> b Line 27a multiplied by applicable percentage <br> c Enter the smaller of line 24 or 27b | 27a |  |  |  |  |
|  | 27b |  |  |  |  |
|  | 27c |  |  |  |  |
| 28 If section 1254 property: <br> a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions <br> b Enter the smaller of line 24 or 28a | 28a |  |  |  |  |
|  | 28b |  |  |  |  |
| 29 If section 1255 property: <br> a Applicable percentage of payments excluded from income under section 126. See instructions <br> b Enter the smaller of line 24 or 29 a. See instructions | 29a |  |  |  |  |
|  | 29b |  |  |  |  |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30 .
30 Total gains for all properties. Add property columns A through D, line 24
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6

| 30 |  |
| :--- | :--- |
| 31 |  |
| 32 |  |

## Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50\% or Less

(see instructions)

33 Section 179 expense deduction or depreciation allowable in prior years
34 Recomputed depreciation. See instructions
35 Recapture amount. Subtract line 34 from line 33 . See the instructions for where to report

|  |
| :--- |
| 33 |
| 34 |
| 35 |


| (a) Section <br> 179 | (b) Section <br> $280 F(b)(2)$ |
| :---: | :---: |
|  |  |


| FORM 4797 | PROPERTY |  | MORE | ONE YE | STATEMENT 24 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | DATE | DATE | SALES |  | COST | GAIN |  |
| DESCRIPTION | ACQUIRED | SOLD | PRICE | DEPR. | OR BASI | S OR LO |  |
| CD\&R FUND X |  |  |  |  |  |  |  |
| ENERGY A, LP |  |  |  |  |  |  | ,941. |
| CD\&R FUND X |  |  |  |  |  |  |  |
| WATERWORKS B, LP |  |  |  |  |  |  | 170. |
| EIG ENERGY FUND |  |  |  |  |  |  |  |
| XIV-A, LP |  |  |  |  |  |  | ,662. |
| EIG ENERGY FUND |  |  |  |  |  |  |  |
| XV-A, LP |  |  |  |  |  |  | , 178. |
| YORKTOWN ENERGY |  |  |  |  |  |  |  |
| PARTNERS X, LP |  |  |  |  |  |  | ,199. |
| YORKTOWN ENERGY |  |  |  |  |  |  |  |
| PARTNERS XI, LP |  |  |  |  |  | -189 | , 364. |
| TOTAL TO 4797, PA | T I, LINE |  |  |  |  | -259 | , 894. |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COLORADO COLLEGE

Social security number or taxpayer identification no.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,
see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or
codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B


Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

## THE COLORADO COLLEGE

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property <br> STATEMENT 25 | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale |  | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 3 | Gain, if any, from Form 4684, line 39 |  |  |  |  |  | 3 |  |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 |  |  |  |  |  | 4 |  |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 |  |  |  |  |  | 5 |  |
| 6 | Gain, if any, from line 32, from other than casualty or theft |  |  |  |  |  | 6 |  |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows |  |  |  |  |  | 7 | -259,894. |
|  | Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. |  |  |  |  |  |  |  |
|  | Individuals, partners, $\mathbf{S}$ corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 . If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule $D$ filed with your return and skip lines $8,9,11$, and 12 below. |  |  |  |  |  |  |  |
|  | Nonrecaptured net section 1231 losses from prior years. See instructions |  |  |  |  |  | 8 |  |
|  | Subtract line 8 from line 7 . If zero or less, enter -0 . If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions |  |  |  |  |  | 9 |  |

## Part II Ordinary Gains and Losses (see instructions)

| $\mathbf{1 0} \quad$ Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): |
| :--- |
| CD\&R FUND X WATERWORKS B, LP |

## LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section $1245,1250,1252,1254$, or 1255 property: |  |  |  | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |
| These columns relate to the properties on lines 19A through 19D. |  | Property A | Property B | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) <br> 21 Cost or other basis plus expense of sale <br> 22 Depreciation (or depletion) allowed or allowable <br> 23 Adjusted basis. Subtract line 22 from line 21 <br> 24 Total gain. Subtract line 23 from line 20 | 20 |  |  |  |  |
|  | 21 |  |  |  |  |
|  | 22 |  |  |  |  |
|  | 23 |  |  |  |  |
|  | 24 |  |  |  |  |
| 25 If section 1245 property: <br> a Depreciation allowed or allowable from line 22 <br> b Enter the smaller of line 24 or 25a $\qquad$ | 25a |  |  |  |  |
|  | 25b |  |  |  |  |
| 26 If section 1250 property: If straight line depreciation was used, enter -0 - on line 26 g , except for a corporation subject to section 291. <br> a Additional depreciation after 1975. See instructions | 26a |  |  |  |  |
| b Applicable percentage multiplied by the smaller of line 24 or line 26 a. See instructions | 26b |  |  |  |  |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c |  |  |  |  |
| d Additional depreciation after 1969 and before 1976 <br> e Enter the smaller of line 26 c or 26 d | 26d |  |  |  |  |
|  | 26e |  |  |  |  |
| f Section 291 amount (corporations only) <br> g Add lines 26b, 26e, and $26 f$ | 26f |  |  |  |  |
|  | 26 g |  |  |  |  |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. <br> a Soil, water, and land clearing expenses <br> b Line 27a multiplied by applicable percentage <br> c Enter the smaller of line 24 or 27b | 27a |  |  |  |  |
|  | 27b |  |  |  |  |
|  | 27c |  |  |  |  |
| 28 If section 1254 property: <br> a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions <br> b Enter the smaller of line 24 or 28a | 28a |  |  |  |  |
|  | 28b |  |  |  |  |
| 29 If section 1255 property: <br> a Applicable percentage of payments excluded from income under section 126. See instructions <br> b Enter the smaller of line 24 or 29 a. See instructions | 29a |  |  |  |  |
|  | 29b |  |  |  |  |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30 .
30 Total gains for all properties. Add property columns A through D, line 24
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6

| 30 |  |
| :--- | :--- |
| 31 |  |
| 32 |  |

## Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50\% or Less

(see instructions)

33 Section 179 expense deduction or depreciation allowable in prior years
34 Recomputed depreciation. See instructions
35 Recapture amount. Subtract line 34 from line 33 . See the instructions for where to report

|  |
| :--- |
| 33 |
| 34 |
| 35 |


| (a) Section <br> 179 | (b) Section <br> $280 F(b)(2)$ |
| :---: | :---: |
|  |  |




[^0]:    232122 10-28-22

[^1]:    232222
    $04-01-22$

