#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2020 calendar year, or tax year beginning $$ $^{ m J}$	UL 1, 2020 and	ending J	UN 30, 2021						
В	Check if applicable:	C Name of organization			D Employer id	lentific	ation number				
	Address change	THE COLORADO COLLEGE									
	Name change	Doing business as			84-0402510						
F	Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone n	umber					
	Final return/	14 E. CACHE LA POUDRE			719-389-						
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		351,045,991.				
	Amende return				H(a) Is this a gr						
	Applica tion	F Name and address of principal officer: ROBE	RT G. MOORE		for subord						
	pending	SAME AS C ABOVE			H(b) Are all subord		·····= =				
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) (	(insert no <sub>-</sub> ) 4947(a)(1)	or 527	1 ` `		list. See instructions				
		www.coloradocollege.edu	, <b>(</b> (es.(a)(.)	<u> </u>	H(c) Group exe						
			ssociation Other >	L Year	of formation: 187		State of legal domicile: CO				
		Summary									
	1 E	riefly describe the organization's mission or most	significant activities: AT COL	ORADO COI	LEGE OUR GOA	L IS					
Governance	T	O PROVIDE THE FINEST LIBERAL ARTS ED									
nar	2 0	check this box  if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its r	net asse	ets.				
Š	3 1	lumber of voting members of the governing body				1 - 1	37				
		lumber of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,				34				
•ბ თ	5 7	otal number of individuals employed in calendar					2366				
itie	6 7	otal number of volunteers (estimate if necessary)				6	586				
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, co				7a	-1,531,167.				
ď	b1	let unrelated business taxable income from Form				7b	0.				
				Prior Year		Current Year					
4	8	contributions and grants (Part VIII, line 1h)		66,547,	983.	27,530,714.					
Revenue	9 F			150,148,	997.	131,159,048.					
e e	10 I	nvestment income (Part VIII, column (A), lines 3, 4		76,079,	038.	111,503,914.					
æ	11 (	other revenue (Part VIII, column (A), lines 5, 6d, 8d			3,586,	302.	1,941,694.				
	1	otal revenue - add lines 8 through 11 (must equal		296,362,	320.	272,135,370.					
		irants and similar amounts paid (Part IX, column (			42,046,	644.	45,396,940.				
	1	enefits paid to or for members (Part IX, column (			0.	0.					
s	15 8	alaries, other compensation, employee benefits (			91,118,	068.	80,586,081.				
Expenses	16a F	rofessional fundraising fees (Part IX, column (A),		121,	884.	12,000.					
Del	.∣ ь⊤	otal fundraising expenses (Part IX, column (D), lin		997.							
й	17 (	other expenses (Part IX, column (A), lines 11a-11d			67,030,	362.	67,369,297.				
		otal expenses. Add lines 13-17 (must equal Part I			200,316,	958.	193,364,318.				
	19 F	levenue less expenses. Subtract line 18 from line			96,045,	362.	78,771,052.				
70,5	4			Ве	ginning of Current	Year	End of Year				
sets	20 1	otal assets (Part X, line 16)			1,232,545,	123.	1,436,368,887.				
ASS	21 1	otal liabilities (Part X, line 26)			218,481,490.		228,618,495.				
Net Assets or	22 1	let assets or fund balances. Subtract line 21 from	line 20		1,014,063,	633.	1,207,750,392.				
	art II	Signature Block									
Und	ler penal	ies of perjury, I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the bes	t of my	knowledge and belief, it is				
true	, correct	and complete. Declaration of preparer (other than office	er) is based on all information of wl	nich preparer	has any knowledge	)_					
					Date						
Sig	n	Signature of officer	Signature of officer								
Hei	e	ROBERT G. MOORE, SR. VP FOR FINAN	NCE & ADMIN								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		if	heck	PTIN				
Pai	d S	ARAH HINTZ	0:	5/09/22 "se	elf-emp <b>l</b> oye	d P00492291					
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's E	IN 🛌	41-0746749					
Use	Only	Firm's address 8390 EAST CRESCENT PARKV	WAY, SUITE 300								
		GREENWOOD VILLAGE, CO 80	0111		Phone n	<sub>0.</sub> (303	3) 779-5710				
Ma	v the <b>I</b> R	S discuss this return with the preparer shown abo	ove? See instructions				X Yes No				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization for the section for	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$167,870,438. including grants of \$45,396,940. ) (Revenue \$\$  TO PROVIDE UNDERGRADUATE AND MASTER-OF-ARTS IN TEACHING DEGREE PROGRAMS	131,928,552.
	TO APPROXIMATELY 2,100 STUDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	<del></del>	
4c	(Code:) (Expenses \$	)
	<del></del>	
4d	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses   167,870,438.	
		Form <b>990</b> (2020)

84-0402510

# Form 990 (2020) THE COLORADO COLLE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_	х	
40	If "Yes," complete Schedule D, Part IV	9	21	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
	gotomination activity columnity y, into the interest configured, Faits Land II			

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# Form 990 (2020) THE COLORADO COLLEGE Part IV Checklist of Required Schedules (continued)

	· [continued]		V						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No					
22		22	х	1					
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	,	23	х						
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23							
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
		24a	х						
h	Schedule K. If "No," go to line 25a	24b		х					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<del></del>					
·		24c		x					
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		<del></del>					
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 25a</u>		<del></del>					
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
		25b		x					
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20							
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21							
20	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   ### Instructions, for applicable filling timesholds, containing, and exceptions).								
а	"Yes," complete Schedule L, Part IV	28a		x					
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х					
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200							
٠	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
00	contributions? If "Yes," complete Schedule M	30	х	1					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>							
O_	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>							
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	х						
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		х					
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 in Schedule O for Part VI, lines 11b and 19?	37							
-	Note: All Form 990 filers are required to complete Schedule O	38	х						
Pa		<u> </u>							
	Check if Schedule O contains a response or note to any line in this Part V								
		_	Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	10	х						

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### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2366									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х							
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)?	4a	X							
b	If "Yes," enter the name of the foreign country  CAYMAN ISLANDS									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х						
5a	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	٥-		x						
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a								
ь	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	OD								
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10								
	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı∠d								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
-	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15	Х							
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.		225							

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

Section A. Governing Body and Management		Check if Schedule O contains a response or note to any line in this Part VI			X				
that ear are arrived inflaments or widing instead among members of the governing body of the governing body?  ■ The	Sec	tion A. Governing Body and Management							
If there are material differences in voting rights among membars of the governing body, or if the governing body delegated troad subtroity to an executive committee or smiler committee, explain on Schedule (0. 1b. 34				Yes	No				
be 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 employees to a management during or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organization's assets?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 A rea any operanance 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 undersken during the year by the following:  8 Did the organization or the organization or served to (or subject to approval by) members, stockholders, or persons other than 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 or the promagement of the organization or the promagement of the organization or the promagement of the promagement of the organization or the promagement of the promagemen	1a	Enter the number of voting members of the governing body at the end of the tax year							
b Enter the number of voting members included on line 1a, above, who are independent.		If there are material differences in voting rights among members of the governing body, or if the governing							
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  2		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
on 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 field?  4 X X Y A Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization and address? If I Yes, "provide the names and addresses on Schedule O.  9 Section B. Policies (This Section B. requests information about policies not required by: the internal Revenue Code.)  Yes No  10a Did the organization have local chapters, branches, or affiliates?  10b 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 is exempt purposes?  10b Herry fores, directors, trustees, and key employee required to disclase annually interest that could give rise to conflict?  10 Did the organization have a written policies and procedures governing the department of the deliberation and decision?  11b Wers officers	b	Enter the number of voting members included on line 1a, above, who are independent 1b 34							
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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     in Schedule O how this was done  12c X  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 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed ▶AL,AZ,CA,CO,FL,GA,HI,IL,MD,MO,ND,NM  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 Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
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19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
	19	(	financ	cial					
statements available to the bublic during the tax year	.0	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	20	·							
ROBERT G. MOORE, SR. VP FOR FINANCE & ADMIN - 719-389-6693	_0								
14 E. CACHE LA POUDRE, COLORADO SPRINGS, CO 80903									

SEE SCHEDULE O FOR FULL LIST OF STATES

011-0561

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	rson i	than o s both or/trus	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JILL TIEFENTHALER	40.00	١						1 240 622	0	044 055
PRESIDENT (THRU 7/20) (2) ROBERT MOORE	40.00	Х		Х				1,348,633.	0.	244,877.
SR VP FIN/ADMIN/ CO-PRESIDENT	40.00	x		x				403,028.	0.	25 825
(3) MICHAEL HAVILAND	40.00							403,020.	· ·	25,825.
HEAD HOCKEY COACH	10.00	1				x		344,876.	0.	42,090.
(4) MICHAEL EDMONDS	40.00					<del></del>		,	- •	,
VP FOR STUDENT LIFE/ CO-PRESIDENT	<u> </u>	х		x				291,842.	0.	75,404.
(5) BRIAN YOUNG	40.00							,		,
VP FOR IT		1		x				296,039.	0.	27,298.
(6) ALAN R TOWNSEND	40.00							·		
PROVOST				х				292,749.	0.	26,993.
(7) MARK HATCH	40.00									
VP FOR ENROLLMENT MANAGEME				х				240,449.	0.	41,658.
(8) CLAIRE GARCIA	40.00									
DEAN OF FACULTY				Х				250,561.	0.	23,768.
(9) LESLEY IRVINE	1.00									
VP & DIRECTOR OF ATHLETICS					Х			215,769.	0.	36,099.
(10) TIMOTHY FULLER	40.00									
PROFESSOR						Х		212,547.	0.	30,274.
(11) MICHAEL GRACE	40.00	1								
PROFESSOR						Х		208,293.	0.	27,878.
(12) BARBARA WILSON	40.00								_	
ASSOC. VP FOR ADMIN. SERVI	10.00	-	_	_	Х	_		211,153.	0.	21,800.
(13) BOGDAN SWIDER	40.00	ł							_	40.50-
PROFESSOR OF ART	10.00			_		Х		210,055.	0.	18,607.
(14) OWEN C. CRAMER	40.00	-						100 450	_	20 105
PROFESSOR	40.00	_				Х	_	188,479.	0.	22,125.
(15) LORIN SEAGER ASSOC. VP FOR FINANCE	40.00	-			х			181,132.	0.	20 716
(16) JANE TURNIS	40.00	$\vdash$	$\vdash$	$\vdash$	Δ.	$\vdash$	_	101,132.	0.	29,716.
VP FOR COMMUNICATIONS	40.00	ł			х			173,498.	0.	36 370
(17) ROCHELLE DICKEY	40.00	$\vdash$	$\vdash$	$\vdash$		$\vdash$		113,430.	0.	36,379.
DEAN OF STUDENTS	40.00	1		x				134,968.	0.	23,315.
	1	<u> </u>					<u> </u>	1 101,500.	· ·	Form <b>990</b> (2020)

THE COLORADO COLLECE

Form 990 (2020) THE COLORAI									84-040251	0 Page <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not che box, unless officer and			rson i	than dis	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) SUSAN BURGHART	1.00									
CHAIR		Х		Х				0.	0.	0.
(19) JEFF KELLER	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(20) JEROME DEHERRERA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(21) MARGARET S. ALLON	1.00									
TRUSTEE		Х						0.	0.	0.
(22) ONYX BENGSTON	1.00									
TRUSTEE		Х						0.	0.	0.
(23) SAM BRONFMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(24) HEATHER CARROLL	1.00									
TRUSTEE		Х						0.	0.	0.
(25) CAROLYN CULLEN	1.00									
TRUSTEE		х						0.	0.	0.
(26) ERIC DURAN	1.00									
TRUSTEE		х						0.	0.	0.
1b Subtotal							<b></b>	5,204,071.	0.	754,106.
c Total from continuation sheets to Part							<b></b>	0.	0.	0.
d Total (add lines 1b and 1c)			<u></u>	<u></u> .			<u> </u>	5,204,071.	0.	754,106.
2 Total number of individuals (including bu							o re	ceived more than \$100.	000 of reportable	

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No line 1a? If "Yes," complete Schedule J for such individual 3 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 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 

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) Name and business address	(B) Description of services	(C) Compensation
NUNN CONSTRUCTION, INC.		
925 ELKTON DR., COLORADO SPRINGS, CO 80907	CONSTRUCTION SERVICES	49,350,031.
BON APPETIT MANAGEMENT COMPANY		
SEATTLE UNIVERSITY, SEATTLE, WA 98112	FOOD SERVICE	4,587,917.
SODEXO INC. & AFFILIATES		
PO BOX 360170, PITTSBURGH, PA 15251	custodial services	3,797,506.
OPTUMCARE COLORADO, 2 S CASCADE AVE STE		
140, COLORADO SPRINGS, CO 80903	HEALTHCARE SERVICES	1,502,705.
BIJOU CONDOS, LLC, 31 N TEJON ST STE 400,		
COLORADO SPRINGS, CO 80903	SUPPLEMENTAL HOUSING SPACE	1,292,538.
2 Total number of independent contractors (including but not limited \$100.000 of compensation from the organization ▶	d to those listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

84-0402510 THE COLORADO COLLEGE

orm 990 THE COLORADO		84-0402510									
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)		
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average	I I		Reportable	Reportab <b>l</b> e	Estimated					
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization	
(28) FRIEDA EKOTTO	1.00	-			_						
TRUSTEE		х						0.	0.		
(29) JOSIAH ELLIS	1.00							,	•		
PRUSTEE		x						0.	0.		
(30) JANE FRANKE	1.00								•		
PRUSTEE	1.00	x						0.	0.		
(31) LISA R. HASTINGS	1.00	Λ						0.	0.		
	1.00	١,,						_	0		
PRUSTEE	1 00	Х						0.	0.		
(32) RYAN P. HAYGOOD	1.00								•		
PRUSTEE	1 22	Х						0.	0.		
(33) JESSE HORN	1.00										
TRUSTEE		Х						0.	0.		
(34) AMY SHACKELFORD LOUIS	1.00										
PRUSTEE		Х						0.	0.		
(35) TAFARI N. LUMUMBA	1.00										
TRUSTEE		Х						0.	0.		
(36) KISHEN MANGAT	1.00										
TRUSTEE		Х						0.	0.		
(37) MANUEL L. MARTINEZ	1.00										
PRUSTEE		Х						0.	0.		
(39) EBEN S. MOULTON	1.00										
TRUSTEE		Х						0.	0.		
(40) SO YONG PARK	1.00										
TRUSTEE		х						0.	0.		
(41) NATALIE PHAM	1.00										
TRUSTEE		х						0.	0.		
(42) LIZA MALOTT POHLE	1.00										
TRUSTEE		х						0.	0.		
(43) ROBERT J. ROSS	1.00										
TRUSTEE		х						0.	0.		
(44) KYLE SAMUEL	1.00								- •		
PRUSTEE	<b>—</b>	x						0.	0.		
(45) MICHAEL B. SLADE	1.00	Ė						•	•		
RUSTEE		x						0.	0.		
(46) P. ANDREW STENOVEC	1.00	<del></del>	$\vdash$					· ·	· ·		
PRUSTEE	<u> </u>	x						0.	0.		
(47) PHILIP A. SWAN	1.00	<del>  ``</del>						<u> </u>	· · ·		
PRUSTEE	<u> </u>	X						0.	0.		
(48) BRIAN K. THOMSON	1.00	_		$\vdash$		$\vdash$		· · ·	0.		
(IO) DUIUM V. IUOMOOM	1 1.00	I	I	ı	i	ı	1	i l			

Form 990 THE COLORADO COLLEGE 84-0402510

Form 990 THE COLORAD		84-0402510										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	ı app	Iv)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of		
	per week (list any hours for related organizations below line)	itee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(49) JOHN B. TROUBH TRUSTEE	1.00	x						0.	0.	0.		
(50) R. THAYER TUTT JR.	1.00							•	•			
TRUSTEE	1.00	x						0.	0.	0		
(51) FRANCE WINDDANCE TWINE	1.00											
TRUSTEE		х						0.	0.	0		
(52) LAUREN WATEL	1.00											
TRUSTEE		х			L	L		0.	0.	0		
(53) ELLIOTT WILLIAMS	1.00											
STUDENT TRUSTEE		Х						0.	0.	0		
(54) ALAN WOO	1.00											
TRUSTEE		Х						0.	0.	0		
			$\vdash$	_								
				_		$\vdash$						
	1		$\vdash$	$\vdash$								
	1											
		1										
				_	•							

84-0402510

Form 990 (2020) THE COLORA

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
9		Membership dues 1b Fundraising events 1c					
ffs,		Related organizations 1d					
ig ig		Government grants (contributions) 1e	6,429,279.				
Sir		All other contributions, gifts, grants, and	0,120,210.				
iğ a			21,101,435.				
를 돌			1,675,585.				
o p		Noncash contributions included in lines 1a-1f	1,075,565.	27,530,714.			
OR		Total. Add lines 1a-1f	Business Code	27,330,721.			
_		TUITION & FEES	611310	119,334,263.	119,334,263.		
je	2 6	AUXILIARY ENTERPRISES	611310	10,598,072.	10,598,072.		
er ne	-	HEALTH SERVICES/FEES/I	524114	959,690.	10,330,072.		959,690.
m S			713990	218,224.	218,224.		333,030.
gra Be	•	ATHLETIC REVENUE	611310	6,286.	210,224.		6,286.
Program Service Revenue	•		611310	42,513.	42,513.		0,200.
-		All other program service revenue		131,159,048.	42,313.		
$\rightarrow$		Total. Add lines 2a-2f		131,139,040.			
	3 Investment income (including dividends, interest, a			22,618,801.		-1,623,295.	24 242 096
		other similar amounts)		22,010,001.		1,025,255.	24,242,096.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Fersonal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a167,771,006.	24,728.				
	ı	Less: cost or other basis	10 124				
<u> </u>		and sales expenses <b>7b</b> 78,892,487.	18,134.				
her Revenue		Gain or (loss) 7c 88,878,519.	6,594.	00 005 113			00 005 112
Æ		Net gain or (loss)		88,885,113.			88,885,113.
	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	·····				
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
$\dashv$		Net income or (loss) from sales of inventory	Business Osd				
જ્		OMUED DEVENUE	Business Code	1 720 600	1 725 400	2 210	
Miscellaneous Revenue	11 6	OTHER REVENUE	611710	1,738,690.	1,735,480.	3,210.	111 006
lan Gen	ı		611710	203,004.		88,918.	114,086.
Sce.	(						
Ξ̈́	(	All other revenue		1 041 604			
		Total. Add lines 11a-11d	<b>P</b>	1,941,694.	131 000 550	1 521 167	114 207 271
	12	Total revenue. See instructions		272,135,370.	131,928,552.	-x,55x,16/.	114,207,271.

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84-0402510

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in the (A)	nis Part IX(B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	45,396,940.	45,396,940.		
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	4,481,840.	1,520,248.	2,125,739.	835,853
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	59,766,153.	52,966,488.	4,140,021.	2,659,644
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	2,076,231.	1,607,459.	447,928.	20,844 475,790
9	Other employee benefits	9,723,196.	8,253,422.	993,984.	
10	Payroll taxes	4,538,661.	3,865,137.	430,383.	243,141
11	Fees for services (nonemployees):				
а	Management	106.065	10 210	204 505	1 060
b	Legal	406,865.	10,310.	394,587.	1,968
С	Accounting	139,827.		139,827.	
d	Lobbying	58,840.		58,840.	10.000
е	Professional fundraising services. See Part IV, line 17	12,000.		F 104 06F	12,000
f	Investment management fees	5,104,865.		5,104,865.	
g	Other. (If line 11g amount exceeds 10% of line 25,	10 240 050	0 400 400	2 720 522	110 022
	column (A) amount, list line 11g expenses on Sch O.)	12,340,958.	8,490,492. 332,612.	3,739,533.	110,933 43,574
12	Advertising and promotion	9,832,939.	8,842,414.	791,104.	199,421
13	Office expenses	1,019,089.	1,010,231.	7,268.	1,590
14	Information technology	828,716.	354,577.	128,484.	345,655
15	Royalties	3,200,095.	3,169,080.	29,086.	1,929
16	Occupancy	1,550,309.	1,512,969.	31,679.	5,661
17 18	Travel Payments of travel or entertainment expenses	1,330,303.	1,312,303.	31,073.	3,001
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	161,866.	136,584.	22,182.	3,100
20	, , , , <u> </u>	4,233,511.	3,847,071.	386,440.	-,
21	Payments to affiliates	, , ,	, , ,	, ,	
22	Depreciation, depletion, and amortization	1,417,697.	1,417,697.		
23	Insurance	2,202,291.	1,284,234.	918,057.	
24	Other expenses. Itemize expenses not covered	, ,	, ,	,	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EQUIPMENT	12,563,554.	12,550,404.	13,150.	
b	FOOD SERVICE	4,477,516.	4,441,266.	36,250.	
c	REPAIRS & MAINTENANCE	3,665,873.	3,631,896.	29,841.	4,136
d	OFFICIAL FUNCTIONS	924,295.	734,071.	180,450.	9,774
e	All other expenses	2,838,998.	2,494,836.	208,178.	135,984
25	Total functional expenses. Add lines 1 through 24e	193,364,318.	167,870,438.	20,382,883.	5,110,997
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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## Form 990 (2020) Part X Balance Sheet

rar	tχ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	13,154,612.	1	31,718,112		
	2	Savings and temporary cash investments			57,831,862.	2	31,244,16
	3	Pledges and grants receivable, net			29,467,749.	3	26,402,17
	4	Accounts receivable, net			3,161,866.	4	1,656,98
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			135,000.	7	135,00
Assets	8	Inventories for sale or use			714,712.	8	672,42
ë	9	Prepaid expenses and deferred charges		L	1,890,325.	9	3,335,12
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		151,629,857.	307,585,963.	10c	350,818,623
	11	Investments - publicly traded securities			396,315,466.	11	424,100,11
	12	Investments - other securities. See Part IV, line	419,984,841.	12	564,619,66		
	13	Investments - program-related. See Part IV, line			2,153,058.	13	1,566,17
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			149,669.	15	100,32
_	16	Total assets. Add lines 1 through 15 (must equal to the second se	1,232,545,123.	16	1,436,368,88		
	17	Accounts payable and accrued expenses	20,305,256.	17	19,770,04		
	18	Grants payable			1,899,850.	18	1,180,100
	19	Deferred revenue			2,696,135.	19	1,346,62
	20				68,792,624.	20	77,782,68
	21	Escrow or custodial account liability. Complete			5,649,127.	21	7,027,71
es	22	Loans and other payables to any current or form					
┋╽		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			7 425	22	010 60
_	23	Secured mortgages and notes payable to unre			7,435.	23	918,604 109,576,622
	24	Unsecured notes and loans payable to unrelate			109,705,740.	24	109,570,02.
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line of Schedule D	S 17-24)	. Complete Part X	9,425,315.	25	11,016,100
	26	Total liabilities. Add lines 17 through 25			218,481,490.	26	228,618,49
_	20	Organizations that follow FASB ASC 958, ch			220, 202, 200	20	220,020,10
နွ		and complete lines 27, 28, 32, and 33.	eck liel				
ا <u>څ</u>	27				325,101,630.	27	355,796,705
) <u>şəl</u> s	28	Net assets with donor restrictions			688,962,003.	28	851,953,68
를	20	Organizations that do not follow FASB ASC			<u>, , , </u>		, ,
ᆵ		and complete lines 29 through 33.	000, 0110	Jok Here P			
٥	29	Capital stock or trust principal, or current funds	3			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,014,063,633.	32	1,207,750,392
Z	33				1,232,545,123.	33	1,436,368,887

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	93,3	64,3	318.
3	Revenue less expenses. Subtract line 2 from line 1	3		78,7	71,0	J52 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	14,0	63,6	533.
5	Net unrealized gains (losses) on investments	5	1	01,0	40,1	130.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		13,8	75,5	577.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,2	07,7	50,3	392.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>	Х
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> 2	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u>	2c :	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edu <b>l</b> e O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g <b>l</b> e Audit				
	Act and OMB Circular A-133?		<u>L</u> :	3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			,,,	х	
			Fo	orm <b>9</b>	<b>90</b> (2	2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

**Public Charity Status and Public Support** 

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE COLORADO COLLEGE

Employer identification number

Part II 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 A school described in section 170(b)(1)(A)(i). (Affact Schedule 6 (Form 990 or 990-EZ).)  3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  4 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 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)(v).  6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  7 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)(v). (Complete Part II).  8 A community trust described in section 170(b)(1)(A)(v), (Complete Part III).  9 An agricultural research organization described in section 170(b)(1)(A)(v), (Complete Part III).  10 An organization that normally receives (1) throne than 33 1/3% of its support from continuations, membership fees, and gross receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from continuations, membership fees, and gross receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from continuations, membership fees, and gross receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investme income and unrelated business tracible income fees section 511 tax from businesses acquired by the organization after June 30, 1975.  10 An organization organization described in excline 51 (1) tax from businesses acquired by the			LOKADO COLLEGE					04-0402310
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization 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)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A na agricultural research organization described in section 170(b)(1)(A)(v), 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;  D An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investme income and unrelated business taxable income (less section 5011 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.)  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 in lines 12a through 12d that describes the type of supporting organization an	Part I	Reason for Public (	Charity Status.	(All organizations must o	omp <b>l</b> ete th	nis part.) S	ee instructions	
2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) 9 An agricultural research organization described in section 170(b)(1)(A)(iv), 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 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investme 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12 through 120 that describes the type of supporting orga	The orga	nization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name oity, and state:  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name oity, and state:  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 III.)  A norganization 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)(iv). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) 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 or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant college or agriculture (see instructions). Subject to certain exceptions; and (2) no more than 33 1/3% of its supported by the organization of the subject of see section 509(a)(a). College organization of see section 509(a)(a). College orga	1	A church, convention of ch	urches, or associatio	n of churches described	l in section	n 170(b)(	1)(A)(i).	
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:  A norganization 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.)  A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.)  A nagricultural research organization described in section 170(b)(1)(A)(iv), 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 or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions) and (2) no more than 33 1/3% of its support from gross investme income and unrelated business taxable income (less section 509(a)(1) and (2) no more than 33 1/3% of its support from gross investme income and unrelated business taxable income (less section 509(a)(4).  An organization organization deperated exclusively to test for public safety. See section 509(a)(4).  An org	2 X	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
city, and state:  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) 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:  An organization that normally receives (1) more than 33 1/396 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 33 1/396 of its support from gross investme 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by aving control or manage the supporting organization supervised or c	3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
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section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  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)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) 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:  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investme 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sec		city, and state:						
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lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  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.  Dype 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 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 Check this box if the organization received a written determination from the IRS that it is a Type II, 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).  (ii) Elin (iii) Type of organization forganization support (see instructions) support (see instructions support (see instructions) support (see instructions)	12	= =	•		•			
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organization (described on lines 1-10 year   Na   support (see instructions)   support (see instructions)	g Pro				(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
above (see instructions))  Tes NO			(, =	(described on lines 1-10			1 ` '	support (see instructions)
				above (see instructions))	163	NO		
					-			
					<del>                                     </del>			
	<b>.</b>							

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29,596,358.	19,785,220.	19,095,879.	66,547,983.	27,530,714.	162,556,154.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29,596,358.	19,785,220.	19,095,879.	66,547,983.	27,530,714.	162,556,154.
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)						4,657,172.
6	Public support. Subtract line 5 from line 4.						157,898,982.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	29,596,358.	19,785,220.	19,095,879.	66,547,983.	27,530,714.	162,556,154.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32,402,627.	19,613,705.	39,410,878.	27,299,744.	24,242,096.	142,969,050.
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.)	1,560,008.	1,256,727.	3,914,636.	3,035,270.	1,849,565.	11,616,206.
11	<b>Total support.</b> Add lines 7 through 10	, ,	, ,	, ,	, ,		317,141,410.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	711,392,532.
	First 5 years. If the Form 990 is for th	,	,				· · ·
	organization, check this box and stop	=		-			
Sec	ction C. Computation of Publi		centage				,
14	Public support percentage for 2020 (li	ne 6, co <b>l</b> umn (f), di	vided by line 11, c	olumn (f))		14	49.79 %
	Public support percentage from 2019					15	47.89 %
16a	33 1/3% support test - 2020. If the o	organization did not				ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			•			▶ □
b	10% -facts-and-circumstances test	•			•		
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu				•		ightharpoons
18	Private foundation. If the organizatio						, <b>\</b>
<u> </u>	The state of the s			.,,	, Indentina box an		······· F

Schedule A (Form 990 or 990-EZ) 2020

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#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)				ļ	ļ	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
_	check this box and stop here						<b>&gt;</b>
_	ction C. Computation of Publi						
15	Public support percentage for 2020 (I			o <b>l</b> umn (f))		15	<u>%</u>
16	Public support percentage from 2019					16	<u>%</u>
_	ction D. Computation of Inves					<del> </del>	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2019. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟

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Schedule A (Form 990 or 990-EZ) 2020

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### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

_		Yes	No
	1		
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	3b		
	<i></i>		
	3c		
	1a		
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	_		
H-	1c		
	5a		
	5b		
	5c		
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_ 9	9b		
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1	0a		
1	0b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	activities of the state of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	- · · · · · · · · · · · · · · · · · · ·	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in 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	2		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
_				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	) <del>-</del>		
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 perow.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otu iotior		
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a			163	NO
а	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
a	Did the activities described in 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	Oh.		
•	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 2s and 2h below.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or cleat a majority of the officers, directors, or			
а		0-		
1.	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		
	OF Its SUDDOLLEU OFUGINEAUOLIS! IT TYPS TIPSTITIPE IN <b>Fail VI</b> The role big/yea by the organization in this repara	(31)		1

011-0561

Sche	edule A (Form 990 or 990-EZ) 2020 THE COLORADO COLLEGE			84-0402510	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
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-function	ally integrate	d Type III supporting orga	anization (see	_
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	inizations <sub>(continu</sub>	<u>ed)                                    </u>	
<u>Secti</u>	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	ı		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
c	Excess from 2018				
<u>d</u>	Excess from 2019				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additiona (See instructions.)	and 2; Part IV, Section C, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
CHILDCARE CENTER	
2016 AMOUNT: \$ 510,840.	
2017 AMOUNT: \$ 490,394.	
2018 AMOUNT: \$ 540,081.	
2019 AMOUNT: \$ 247,585.	
2020 AMOUNT: \$ 114,086.	
OTHER REVENUE	
2016 AMOUNT: \$ 1,049,168.	
2017 AMOUNT: \$ 766,333.	
2018 AMOUNT: \$ 3,374,555.	
2019 AMOUNT: \$ 2,681,177.	
2020 AMOUNT: \$ 1,735,479.	
INSURANCE PROCEEDS	
2019 AMOUNT: \$ 106,508.	

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

**2020** 

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

THE	84-0402510								
Organization type (check or	ne):								
Filers of:	illers of: Section:								
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $^3$ ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.							
General Rule									
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's								
Special Rules									
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoundline 1. Complete Parts I and II.	or 16b, and that received from							
contributor, during literary, or education	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.								
year, contributions is checked, enter h purpose. Don't con	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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\pi}{2} \]								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

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

Name of organization

Employer identification number

THE COLORADO COLLEGE

84-0402510

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 3	Name, address, and ZIP + 4	# 1,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* Total contributions	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
5	runno, addi coo, and En TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
6	Manne, audress, and ZiF + 4	\$\$ 571,000.	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

THE COLORADO COLLEGE

84-0402510

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, addross, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tanne, and out, and En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hailie, audiess, aliu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COLORADO COLLEGE

84-0402510

I alt II	(see instructions). Ose duplicate copies of Fart in	ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCKS AND SECURITIES	_	
		\$520,086.	05/21/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \	

Name of o	rganization			Employer identification number
THE COLO	ORADO COLLEGE			84-0402510
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through <b>(e) and</b> the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For a	O1(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations he year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
_	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	aift	
-	Transferee's name, address, ar			elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(-) Turned	if4	
	Transferee's name, address, ar	(e) Transfer of		elationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ 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.

Nam	e of organization	'		Empl	loyer identification number
INAIII	<u> </u>	DO GOLLEGE		Linki	84-0402510
Do	THE COLORA		lor coation FO1/a	or is a section 507 or	
Pa	rt I-A Complete if the org	janization is exempt und	ier section 501(c)	or is a section 527 or	ganization.
	Provide a description of the organiz	•	, ,		0.
				<b>&gt;</b> \$	0.
3	Volunteer hours for political campa	gn activities			
Pa	rt I-B Complete if the org	janization is exempt und	ler section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	<b>&gt;</b> \$	0.
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	<b>▶</b> \$	0.
3	If the organization incurred a section	n 4955 tax, did it fi <b>l</b> e Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt und	ler section 501(c),	except section 501(c	)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	
	Enter the amount of the filing organ				
	exempt function activities		=		
	Total exempt function expenditures				
	line 17b				
	Did the filing organization file Form				
	Enter the names, addresses and er				
5	made payments. For each organiza	. ,	'	•	0 0
	contributions received that were pr				•
	political action committee (PAC). If	• •		•	c segregated faile of a
	. ,	T			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				idiad. Il fiorio, officir o .	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Par	Complete if the org	anizatio	n is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ection under
	eck if the filing organiza expenses, and shar	e of exces	s lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
<b>B</b> CII	Limi	ts on Lobk	ying Expe	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influ	uence publ	ic opinion (g	grassroots lobbying)			
b	Total lobbying expenditures to influ	ience a leg	islative bod	y (direct lobbying)			
С	Total lobbying expenditures (add li	nes 1a and	I 1b)				
d	Other exempt purpose expenditure	es					
е	Total exempt purpose expenditure	s (add <b>l</b> ine:	s 1c and 1d	)			
f_	Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in both	n columns.		
L	<u>If the amount on line 1e, column (a) o</u>	r (b) is:	The lob	<u>bying nontaxable am</u>	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
г	Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exces	ss over \$1,500,000.		
L	Over \$17,000,000		\$1,000,	000.			
	Oversey at a section about 100	to:: 050/ of	line 16				
•	Grassroots nontaxable amount (en		,				
	Subtract line 1g from line 1a. If zerd Subtract line 1f from line 1c. If zerd						
	If there is an amount other than zer			ling 1i did the organiza	-		
_	reporting section 4911 tax for this			_			Yes No
	(Some organizations th	nat made a	4-Year Ave a section 50 the separa	eraging Period Under 01(h) election do not l ate instructions for lir	Section 501(h) have to complete all o nes 2a through 2f.)		
		Lobk	ying Expe	nditures During 4-Yea	ar Averaging Period		_
	Calendar year (or fiscal year beginning in)	(a) :	2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total
	Lobbying nontaxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures					0.1.1.0.7	200 200 57) 2000

Schedule C (Form 990 or 990-EZ) 2020

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х	-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С.	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
1	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>			58,840.
y h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
 i	Other activities?		Х		
i	Total. Add lines 1c through 1i				58,840.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			<u> </u>	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) BOTH Port III. A lines 1 and 2 are ensured.				2 io
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			·	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year				
b					
C	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe expenditure next year?	Jillicai	4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
Prov	de 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 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
COL	PRADO COLLEGE IS ONE OF THREE MEMBERS OF INDEPENDENT HIGHER				
	TABLE COLLEGE TO ONE OF TIMEL MEMBERS OF INDEFENDENT INTEREST				
EDUC	ATION OF COLORADO. THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO				
REPF	ESENT THE VIEWS OF THE PRIVATE HIGHER EDUCATION SECTOR AT THE STATE				
CAPI	TOL AND AT THE COLORADO COMMISSION ON HIGHER EDUCATION.				

Schedule C (Form 990 or 990-EZ) 2020

#### **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COLORADO COLLEGE

Employer identification number 84 - 0402510

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ds or Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3	Aggr	egate value of grants from (during year)		
4	Aggr	egate value at end of year		
5	Did tl	he organization inform all donors and donor advisors in v	vriting that the assets held in donor ac	lvised funds
	are th	ne organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did tl	he organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can	be used on <b>l</b> y
	for ch	naritable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpo	se conferring
Pai	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purp	ose(s) of conservation easements held by the organization	on (check all that apply).	
		Preservation of land for public use (for example, recreat	tion or education) Preservation	n of a historically important land area
		Protection of natural habitat	Preservation	n of a certified historic structure
		Preservation of open space		
2	Com	plete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the fo	rm of a conservation easement on the last
	day c	of the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С	Num	ber of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Num	ber of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic stru	icture
	listed	I in the National Register		2d
3	Num	ber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year	<b>&gt;</b>		
4	Num	ber of states where property subject to conservation eas	ement is located	_
5	Does	the organization have a written policy regarding the peri	iodic monitoring, inspection, handling	of
		tions, and enforcement of the conservation easements it		
6	Staff	and volunteer hours devoted to monitoring, inspecting, $\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{l}}}}$	handling of violations, and enforcing c	onservation easements during the year
	▶ _			
7	Amo	unt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easements during the year
	▶\$			
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
		. , , , , , , , , , , , , , , , , , , ,		
9		rt XIII, describe how the organization reports conservation	·	
		nce sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ements that describes the
Da		nization's accounting for conservation easements.	Aut Historical Tuescumes ou	Other Similar Assets
Pai	rt III	Organizations Maintaining Collections of		Other Similar Assets.
	16.11	Complete if the organization answered "Yes" on Form	<u> </u>	
1a		organization elected, as permitted under FASB ASC 958		
		t, historical treasures, or other similar assets held for pub		•
		ce, provide in Part XIII the text of the footnote to its finan		
b		organization elected, as permitted under FASB ASC 958	•	
		istorical treasures, or other similar assets held for public	exhibition, education, or research in fi	urtherance of public service,
	•	de the following amounts relating to these items:		<b>•</b> •
		Revenue included on Form 990, Part VIII, line 1		
_				
2		organization received or held works of art, historical trea		ciai gain, provide
		ollowing amounts required to be reported under FASB A		<b>•</b> •
a		nue included on Form 990, Part VIII, line 1		
a	ASSE	ts included in Form 990, Part X		<b>&gt;</b> \$

032051 12-01-20

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

Schedule D (Form 990) 2020

THE COLORADO COLLEGE

<u>Schedule D (Form</u> 990) 2020

Schedule D (Form 990) 2020

350,818,623.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 THE COLORADO COL	LEGE		84-0402510	Page
Part VII Investments - Other Securities.			<del></del>	
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	43,369,139.	END-OF-YEAR MARKET VALUE		
(C) PRIVATE CAPITAL INVESTMENTS	181,021,352.	END-OF-YEAR MARKET VALUE		
(D) ALTERNATIVE INVESTMENTS	340,229,171.	END-OF-YEAR MARKET VALUE		
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	564,619,662.			
Part VIII Investments - Program Related.				
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)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	<u> </u>			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.		
	Description	Trail doc Form doc, Farery, line for	(b) Book	value
(1)	'		(-)	
(2)				
(3)				
(4)				
(5)				
(6) (7)				
- · ·				
(8)				
(9)	.=.			
otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
(a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) DEPOSITS				370,649
(3) ANNUITIES PAYABLE			1,	088,896
(4) OTHER LIFE INCOME FUNDS			3,	016,433
(5) ASSET RETIREMENT OBLIGATION			5	637,688

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

Schedule D (Form 990) 2020

(8)

CC-FAC DEBT

QUAD PARTNERSHIP DEBT

OTHER POST RETIREMENT BENEFIT PLAN PAYABLE

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

422,434. 430,000.

50,000.

11,016,100.

er Ret		0402510	Page 4
er Kei	urn.		
	1	337,	,959,946.
,130.			
F 7 7			
,577.	2e	114	915 707.
	3	223,	,915,707.
,865. ,266.			
,∠00.	4c	49	091 131.
	40 5	272	,091,131.
per R		n.	•
	1	144,	273,187.
,594.			
	2e		$\frac{-6,594.}{,279,781.}$
	3	144,	,279,781.
,865. ,672.			
	4c	49,	084,537.
	5	193,	,364,318.
, line 4	; Part	X, <b>l</b> ine 2; Par	t XI,
_			

Par	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			. T	227 050 046
1				1	337,959,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	101 040 130		
a	Net unrealized gains (losses) on investments		101,040,130.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants		12 075 577		
d	Other (Describe in Part XIII.)		13,875,577.		114 015 707
е	Add lines 2a through 2d			2e	114,915,707. 223,044,239.
3	Subtract line 2e from line 1			3	223,044,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	5,104,865.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		43,986,266.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4-	49,091,131.
_				4c 5	272,135,370.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  t XII   Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F		
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Expended per i		
1	Total expenses and losses per audited financial statements			1	144,273,187.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••		, , .
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)		-6,594.		
e	Add lines 2a through 2d		,	2e	-6,594.
3	Subtract line 2e from line 1			3	144,279,781.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,104,865.		
b	Other (Describe in Part XIII.)		43,979,672.		
	Add lines 4a and 4b		, ,	4c	49,084,537.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	193,364,318.
Par	t XIII Supplemental Information.				
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part X,	line 2; Part XI,
	III, LINE 4:  ECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR AS	CCEMC ADE			
	CAPITALIZED BECAUSE THE ITEMS ARE PRESERVED AND CARED FOR	DOEID AKE			
	INUOUSLY, PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE	VEAR OF			
ACQU	ISITION AS DECREASES IN UNRESTRICTED NET ASSETS AND AS NET A	ASSETS			
RELE	ASED FROM RESTRICTION IF THE ASSETS USED TO PURCHASE THE ITE	EMS WERE			
REST	RICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF CO	LLECTION			
ITEM	S ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FRO	M DISPOSAL			
OF A	ND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPO	ORTED AS			
INCR	EASES IN THE APPROPRIATE NET ASSET CLASSES.				

THE COLLEGE MAINTAINS AN ART COLLECTION FOR STUDENT RESEARCH AND STUDY, A

Schedule D (Form 990) 2020

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZUZU**Open to Public

Inspection

THE COLORADO COLLEGE

84-0402510

	THE COLORADO COLLEGE	04-04025	LU	
Part I				
			YES	N
1 Does the or	ganization have a racially nondiscriminatory policy toward students by statement in its charter,			
bylaws, oth	er governing instrument, or in a resolution of its governing body?	1	Х	
2 Does the or	rganization include a statement of its racially nondiscriminatory policy toward students in all its broch	ures,		
catalogues,	and other written communications with the public dealing with student admissions, programs, and s	cholarships? 2	Х	
Has the org	anization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
homepage a	at all times during its taxable 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	,		
	period if it has no solicitation program, in a way that makes the policy known to all parts of the gener			
=	it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		х	Г
	EGE'S NON-DISCRIMINATION POLICY IS PUBLISHED IN ALL			
	REGISTRATION AND ADMISSION MATERIALS DISTRIBUTED TO			
STUDENTS	WHO ARE SOLICITED FOR ENROLLMENT IN THE COLLEGE'S			
DEGREE PF	ROGRAMS. THE COLLEGE CONTINUOUSLY MONITORS THIS			
POLICY.	<u> </u>			
	ganization maintain the following?			
		4a	х	
	dicating the racial composition of the student body, faculty, and administrative staft? Cumenting that scholarships and other financial assistance are awarded on a racially nondiscriminato		x	H
	Il catalogues, brochures, announcements, and other written communications to the public dealing	1 y Dasis : 4D	+	┢
-		10	x	
	71 9 7		X	H
	Il material used by the organization or on its behalf to solicit contributions?ered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Α	
	ganization discriminate by race in any way with respect to:			
a Students' ri	ghts or privileges?	<u>5</u> a		_
	policies?			Ŀ
	nt of faculty or administrative staff?			L
d Scholarship	os or other financial assistance?	5d		Ŀ
e Educational	l policies?	<u>5e</u>		Ŀ
f Use of facili	ities?	5f		Ŀ
<b>g</b> Athletic pro	grams?	5g		_:
h Other extra	curricular activities?	5h		Ŀ
If you answ	ered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	ganization receive any financial aid or assistance from a governmental agency?		Х	L
<b>b</b> Has the org	anization's right to such aid ever been revoked or suspended?	6b		
If you answ				
,	ered "Yes" on either line 6a or line 6b, explain on Part II.			
=	ered "Yes" on either line ba or line bb, explain on Part II.  ganization certify that it has complied with the applicable requirements of sections 4.01 through			

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

Schedule E (Form 990 or 990-EZ) 2020

Schedule I	E (Form 990 or 990-EZ) 2020 THE COLORADO COLLEGE	84-0402510	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as		
	applicable. Also provide any other additional information.		
LINE 6 -	EXPLANATION OF GOVERNMENT FINANCIAL AID:		
COLORADO	COLLEGE RECEIVES GOVERNMENT FUNDING FOR FINANCIAL AID FOR THEIR		
STUDENTS	. IN ADDITION THE COLLEGE RECEIVES FEDERAL AND STATE FUNDING FOR		
RESEARCH	I IN THE FORM OF GRANTS.		

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE COLORADO COLLEGE

| 84-0402510
| Part | 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 record	ds to substantiate the amount of its gra	ints and other assistance,				
	•	•		he selection criteria used to award the		Yes No			
2	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.		ggr		5				
3		ne following Part	I. line 3 table ca	n be duplicated if additional space is n	needed.)				
<u> </u>	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total			
	(4)	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures			
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and			
			independent contractors	recipients located in the region)	of service(s) in the region	investments in the region			
			in the region						
EURC	OPE	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	12,875.			
נעספ	TH AMERICA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	1,399.			
EAST	T ASIA AND THE								
PAC1	IFIC	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	1,135.			
CENT	TRAL AMERICA AND								
гне	CARIBBEAN	0	0	  PROGRAM SERVICES	UNDERGRADUATE CLASSES	225.			
						<u> </u>			
יואים	TRAL AMERICA AND								
	CARIBBEAN	0	0	   INVESTMENTS (BOOK VALUE)	N/A	404,343,038.			
. 1115	CARIBBEAN	0	0	INVESTMENTS (BOOK VALUE)	N/A	104,545,050.			
71777									
	TRAL AMERICA AND		_		L. / 2	6 702 640			
HE	CARIBBEAN	0	0	INVESTMENTS (FEES)	N/A	6,783,640.			
EURC	OPE	0	0	INVESTMENTS (BOOK VALUE)	N/A	7,304,000.			
EURC	)PE	0	0	INVESTMENTS (FEES)	N/A	146,080.			
3 a	Subtotal	0	0			118,592,392.			
b	Total from continuation								
	sheets to Part I	0	0			0.			
С	Totals (add lines 3a								
_	and 3h)	٥	n			118 592 392			

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

Schedule F (Form 990) 2020

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.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.  (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of							
grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_							

 Schedule F (Form 990) 2020
 THE COLORADO COLLEGE
 84-0402510
 Page 4

# Part IV | Foreign Forms

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)	X Yes	☐ No
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)	Yes	X No
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)	X Yes	☐ No
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)	X Yes	☐ No
5	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)	X Yes	☐ No
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)	Yes	X No

Schedule F (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

THE COLORA	DO COLLEGE				84-040251	0
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par				OL 1 11 11 1		
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indivisions</li> </ul>	e X Solicita f X Solicita g X Special  or oral agreement with any individual lart VII) or entity in connection with position with a position or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of ona <b>l</b> fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
compensated at least \$5,000 by the	organization.					
or entity (fundraiser)			Did raiser ustody itrol of utions?	(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 N		Yes	No	_		_
BRYN MAWR AVE. #252, BRYN	CONSULTING & RESEARCH		Х	0.	12,000.	0.
Total			<b>•</b>		12,000.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from reg	gistration
AK,KY,MA,MD,MI,NV,NH,NY,ND,OH,O	K,OR,SC,WA,WI,AL,AR,CA,CT,D	C,FL,	GA,H	I,IL,KS		
LA,ME,MN,MO,NJ,NM,NC,PA,RI,TN,U	T,VA,WV,MS,CO					

SEE PART IV FOR CONTINUATIONS 032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Page 2 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 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts ..... 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment ..... Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 THE COLORADO COLLEGE	84-0402510	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	<sub>13a</sub>	%
b An outside facility		70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	nt	
	i it	
of gaming revenue retained by the third party  \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
<u> </u>		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
/T) NINE OF THE PROPERTY A MOCOURAGE		
(I) NAME OF FUNDRAISER: WASHBURN & MCGOLDRICK		
(I) ADDRESS OF FUNDRAISER: 24 N BRYN MAWR AVE. #252, BRYN MAWR, PA 19010		

Schedule G (Form 990 or 990-EZ)  THE COLORADO COLLEGE	84-0402510	Page 4
Schedule G (Form 990 or 990-EZ)  THE COLORADO COLLEGE  Part IV   Supplemental Information (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2020
Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization  THE COLORADO	COLLEGE						Employer identification number 84-0402510
Part I General Information on Grants a							04 0402510
Does the organization maintain records to criteria used to award the grants or assistance.      Describe in Part IV the organization's process.	stance?				_	stance, and the selecti	ਓ □
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than S					(f) Method of	1 (15 ) (	1 000
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	-	=	e line 1 table				<b>\</b>
3 Enter total number of other organizations	s nstea in the line	ı ıa∪ <b>ı</b> ⊎					

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

Schedule I (Form 990) 2020 THE COLORADO COLLEGE 84-0402510 Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form S	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID TO STUDENTS	981	4E 306 040		N/A	N/A
FINANCIAL AID TO STODENTS	901	45,396,940.	0.	N/A	N/A
		0.5	(1)		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	iditional information.	
PART I, LINE 2:					
THE COLLEGE GRANTS SCHOLARSHIPS TO STUDENTS ENROLLI	ED IN THE COL	LEGE'S			
DEGREE-GRANTING PROGRAM. THE COLLEGE DETERMINES STU	UDENT ELIGIBI	LITY BASED			
UPON THE STUDENT'S NEED. SOME SCHOLARSHIPS OR GRANT	rs are awarde	D BASED UPON			
ACADEMIC ACHIEVEMENT. THE COLLEGE OFFICE OF FINANCE	TAL ATD ACCUM	IIII.ATES ALI.			
REQUIRED INFORMATION FROM THE STUDENTS TO DETERMINE	E SCHOLARSHIP	,			
ELIGIBILITY. THE OFFICE AWARDS SCHOLARSHIPS BASED TO	JPON CRITERIA	ESTABLISHED			
BY THE COLLEGE.					

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE COLORADO COLLEGE 84-0402510 Part I Questions Regarding Compensation

			Yes	No
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  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account  X Personal 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	1b	Х	
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?	2	х	
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 Written employment contract			
	Independent compensation consultant  X  Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, 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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7	х	
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	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 THE COLORADO COLLEGE 84-0402510 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). 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.

		(B) Breakdown of	W-2 and/or 1099-M <b>I</b> \$	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JILL TIEFENTHALER	(i)	314,765.	0.	1,033,868.	203,500.	41,377.	1,593,510.	1,014,163.
PRESIDENT (THRU 7/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT MOORE	(i)	381,068.	0.	21,960.	24,216.	1,609.	428,853.	0.
SR VP FIN/ADMIN/ CO-PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL HAVILAND	(i)	340,796.	0.	4,080.	22,672.	19,418.	386,966.	0.
HEAD HOCKEY COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL EDMONDS	(i)	263,946.	0.	27,896.	16,967.	58,437.	367,246.	0,
VP FOR STUDENT LIFE/ CO-PRESIDENT	(ii)	0.	0.	0.	0.	0,	0.	0,
(5) BRIAN YOUNG	(i)	274,464.	0.	21,575.	18,894.	8,404.	323,337.	0,
VP FOR IT	(ii)	0.	0.	0.	0.	0.	0.	0,
(6) ALAN R TOWNSEND	(i)	276,120.	0.	16,629.	16,305.	10,688.	319,742.	0,
PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0,
(7) MARK HATCH	(i)	218,950.	0.	21,499.	16,406.	25,252.	282,107.	0.
VP FOR ENROLLMENT MANAGEME	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CLAIRE GARCIA	(i)	249,880.	0.	681.	15,333.	8,435.	274,329.	0.
DEAN OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LESLEY IRVINE	(i)	204,288.	0.	11,481.	14,000.	22,099.	251,868.	0.
VP & DIRECTOR OF ATHLETICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TIMOTHY FULLER	(i)	194,499.	0.	18,048.	20,958.	9,316.	242,821.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL GRACE	(i)	207,664.	0.	629.	19,362.	8,516.	236,171.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BARBARA WILSON	(i)	189,840.	0.	21,313.	12,588.	9,212.	232,953.	0.
ASSOC. VP FOR ADMIN. SERVI	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BOGDAN SWIDER	(i)	193,325.	0.	16,730.	8,922.	9,685.	228,662.	0.
PROFESSOR OF ART	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) OWEN C. CRAMER	(i)	187,861.	0.	618.	19,436.	2,689.	210,604.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LORIN SEAGER	(i)	180,532.	0.	600.	12,333.	17,383.	210,848.	0.
ASSOC. VP FOR FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JANE TURNIS	(i)	172,195.	0.	1,303.	11,956.	24,423.	209,877.	0.
VP FOR COMMUNICATIONS	(ii)	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.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(17) ROCHELLE DICKEY	(i)	133,848.	0.	1,120.	8,645.	14,670.	158,283.	0.
DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)		_					
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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.

PART I, LINE 1A:

THE PRESIDENT OF THE COLLEGE AND THE VICE PRESIDENT FOR STUDENT LIFE. IN

ORDER TO FULFILL THEIR RESPONSIBILITIES. ARE REQUIRED TO LIVE ON CAMPUS AND

ARE PROVIDED HOUSING. THE PRESIDENT OF THE COLLEGE IS ALSO PROVIDED

JANITORIAL SERVICES. BOTH ARE CONSIDERED TO BE ON CAMPUS FOR THE BENEFIT OF

THE COLLEGE AND THE VALUE IS CONSIDERED NON-TAXABLE COMPENSATION.

CLUB DUES: AS A WORKING CONDITION FRINGE BENEFIT. CLUB MEMBERSHIP IS

PROVIDED TO ONE OF THE CO-PRESIDENTS. THE PURPOSE OF THE MEMBERSHIPS IS TO

CULTIVATE AND MAINTAIN RELATIONSHIPS WITH BUSINESS AND INDIVIDUALS WHO ARE

IN POSITION TO ADVANCE THE COLLEGE. ANY PERSONAL USE OF MEMBERSHIPS IS

INFREQUENT. PAID OUT OF POCKET BY THE EMPLOYEE AND THE VALUE IS CONSIDERED

NON-TAXABLE COMPENSATION.

PART I LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS INTO THEIR 457F

ACCOUNT:

JILL TIEFENTHALER - 175,000

Schedule J (Form 990) 2020

#### **SCHEDULE K** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization

THE COLORADO COLLEGE

**Employer identification number** 84-0402510

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUS <b>I</b> P#	(d) Date issued	(e) Issu	ie price	(f) Description of purpose		( <b>g</b> ) De	feased	(h) On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	No
						CAPITAL IMPRO							
A EL PASO COUNTY, COLORADO	84-6000764	28337LCX4	05/24/12	39,3	99,704.	COST OF ISSU	ANCE		Х		Х		Х
						REFUND SERIE	S 2010 -						
B EL PASO COUNTY, COLORADO	84-6000764	NONE	04/30/15	16,3	25,000.				Х		Х		Х
						CAPITAL IMPRO							
C EL PASO COUNTY, COLORADO	84-6000764	NONE	10/09/19	20,7		COST OF BOND			Х		Х		Х
						REFUND SERIE	5 2010 -						
D EL PASO COUNTY, COLORADO	84-6000764	NONE	12/17/20	15,5	85,000.	2015A			Х		Х		X
Part II Proceeds					_								
			<i>A</i>	•		В	С				D		
1 Amount of bonds retired			36	,179,704.		3,520,000.	8	20,000	•		1,	070,	000.
2 Amount of bonds legally defeased													
3 Total proceeds of issue			39	,399,704.		16,325,000.	20,7	45,000	•		15,	585,	000.
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds				593,312.		164,979.							
6 Proceeds in refunding escrows						13,750,000.							
7 Issuance costs from proceeds				419,704.		150,843.	2	45,000	•				
8 Credit enhancement from proceeds									_				
9 Working capital expenditures from pro	ceeds												
10 Capital expenditures from proceeds			38	3,980,000.			16,2	58,543	·				
11 Other spent proceeds						16,174,157.					15,	585,	000.
12 Other unspent proceeds								41,457	<u> </u>				
13 Year of substantial completion				2014		2015	21	)19	_				
			Yes	No	Yes	No	Yes	No	_	Yes	_	No	
14 Were the bonds issued as part of a ref	•	bonds (or,											
if issued prior to 2018, a current refund				X	Х			Х	_	Х			
15 Were the bonds issued as part of a ref	•	• •											
issued prior to 2018, an advance refur	nding issue)?			Х	Х			Х	_				X
16 Has the final allocation of proceeds be			Х Х		Х			Х	_	Х			
17 Does the organization maintain adequate	ate books and records to su	upport the											
final allocation of proceeds?			Х		Х		Х			Х			

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 THE COLORADO COLLEGE 84-0402510 Page 2

Part III Private Rusiness Use

Par	t III Private Business Use								
		,	4	E	3	(	9		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х		Х		Х
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х		Х		Х
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		Х		Х		Х
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		х		х		х		Х
d	If "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?		Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х		х		х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	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?	Х		X		X		Х	
Par	t IV Arbitrage								
			4	E	3	(	0		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		х		х		х
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х		Х	Х		Х	
	Exception to rebate?		Х		Х		Х		Х
	No rebate due?	Х		Х			Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was					<u> </u>			<u> </u>
	performed								
3	Is the bond issue a variable rate issue?		Х		Х		Х		Х

 Schedule K (Form 990) 2020
 THE COLORADO COLLEGE
 84-0402510
 Page 3

Part IV Arbitrage (continued)										
	Α		E	3		С	D			
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No		
hedge with respect to the bond issue?		Х		Х		Х		Х		
<b>b</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)?		Х		Х		Х		Х		
<b>b</b> Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х		
7 Has the organization established written procedures to monitor the										
requirements of section 148?	Х		X		Х		Х			
Part V Procedures To Undertake Corrective Action										
		A	l E	3		С		)		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No		
of federal tax requirements are timely identified and corrected through the										
voluntary closing agreement program if self-remediation isn't available under										
applicable regulations?	Х		Х		х		х			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instr	uctions.							
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:										
(A) ISSUER NAME: EL PASO COUNTY, COLORADO										
DATE THE REBATE COMPUTATION WAS PERFORMED: 04/01/2017										
(A) ISSUER NAME: EL PASO COUNTY, COLORADO										
DATE THE REBATE COMPUTATION WAS PERFORMED: 02/01/2020										

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number Name of the organization THE COLORADO COLLEGE 84-0402510

Pai	rt I Types of Property				L			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 16	Method of d noncash contrib	etermin	_	s
1	Art - Works of art	Х	5	, , , , , , , , , , , , , , , , , , , ,	.FAIR MARKET VALU	JE		
2	Art - Historical treasures			·				
3	Art - Fractional interests							
4	Books and publications	Х		6,160	.FAIR MARKET VALU	JE		
5	Clothing and household goods	Х		34,727	.FAIR MARKET VALU	JE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	31	1,571,829	. FAIR MARKET VALU	JE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	Х	1	2,000	. FAIR MARKET VALU	JE		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	Х	3	4,560	. FAIR MARKET VALU	JE		
23	Scientific specimens							
24	Archeological artifacts							
25	Other	X	1	27,265	.FAIR MARKET VAL	JE		
26	Other (COMPUTER)	X	1	7,149	.FAIR MARKET VAL	JE		
27	Other (ART SUPPLIES)	Х	2	5,310	.FAIR MARKET VALU	JE		
28	Other ( CAMERA EQUIP. )	X	1	2,460	.FAIR MARKET VALU	JE		
29	Number of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement <b>29</b>			2	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throu	ıgh 28, that it			
	must hold for at least three years from the dat	e of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period	?				30a		Х
b	,							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contrib	utions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncas	ı			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	co <b>l</b> umn (c) fo	r a type of property	$\gamma$ for which column (a) is ch	ecked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	)_	Schedule	M (Forn	n 990)	2020

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

Schedule M (Form 990) 2020

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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):	
THE NUMB	ER OF CONTRIBUTORS WAS USED FOR PART I.	
SCHEDULE	M, LINE 32B:	
COLORADO	COLLEGE USES A THIRD PARTY TO ASSIST WITH THE PROCESS OF	
VEHICLE 1	CONATIONS. FOR FISCAL YEAR 2021, NO VEHICLES WERE DONATED TO	
THE COLL	EGE.	
032142 11-23-	Schedule M (Form 990) 2	020

#### **SCHEDULE O**

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

THE COLORADO COLLEGE

Employer identification number

THE COLORADO COLLEGE	04-0402510
FORM 990, PART III, LINE 1 - 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	
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	
STUDENTS WITH UNFAMILIAR PERSPECTIVES AND NEW POSSIBILITIES OF THOUGHT	
AND ACTION.	
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  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020
Environ aperwork neduction Activate, see the manufactions for Fulli 330 01 330-LZ.	Joneaule J (1 01111 330 01 330-LZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization  THE COLORADO COLLEGE	Employer identification number 84-0402510
PERSONAL QUEST FOR A WORTHY VISION THAT CAN	
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 1:	
THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF	
THE BOARD, PLUS THE CHAIRPERSON OF EACH OTHER STANDING COMMITTEE.	
THE EXECUTIVE COMMITTEE GOVERNS 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 THE COLLEGE'S BYLAWS. THE	
EXECUTIVE COMMITTEE MAY EXERCISE ALL THE POWERS OF THE BOARD, EXCEPT THAT	
IT MAY 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 THE NORMAL COURSE	
OF BUSINESS; OR OVERRULE ANY ACTION OF THE BOARD WITHOUT THE EXPRESS	

Name of the organization  THE COLORADO COLLEGE	Employer identification number 84-0402510
APPROVAL OF THE BOARD. THE EXECUTIVE COMMITTEE IS ALSO RESPONSIBLE FOR	
PERIODIC REVIEW OF THE PRESIDENT'S PERFORMANCE OF HIS OR HER	
RESPONSIBILITIES.	
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.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE ORGANIZATION'S BYLAWS WERE UPDATED TO CHANGE THE NATURE OF FACULTY	
REPRESENTATION ON COMMITTEES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
ALUMNI TRUSTEES ARE ELECTED BY ALUMNI AT LARGE AND APPROVED BY THE BOARD OF	
TRUSTEES FOR NON-RENEWABLE TERMS OF SIX YEARS FROM AMONG THOSE ALUMNI OF	
THE COLLEGE NOMINATED BY THE ALUMNI ASSOCIATION BOARD (AAB).	
THE DESCRIPTION OF THE COLUMN AND THE DESCRIPTION OF THE AND CITY AND COUNTY	
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.	
<u></u>	
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.	

Name of the organization  THE COLORADO COLLEGE	Employer identification number 84-0402510
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER, WITH A DETAIL REVIEW	
BEING DONE BY THE ASSOCIATE VICE PRESIDENT OF FINANCE & ADMINISTRATION AND	
SENIOR VICE PRESIDENT OF FINANCE AND ADMINISTRATION. THE FORM 990 IS THEN	
PRESENTED TO THE AUDIT COMMITTEE WHERE THEY APPROVE THE DRAFT TO FILE WITH	
THE IRS. ONCE APPROVED BY THE AUDIT COMMITTEE, THE FINAL FORM 990 IS MADE	
AVAILABLE TO THE ENTIRE BOARD BEFORE FILING THE RETURN WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ASSOCIATE VICE PRESIDENT FOR INSTITUTIONAL PLANNING & EFFECTIVENESS IS	
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	
0040 44 00 00	Sabadula O (Form 900 or 900 EZ) 3

62

14570509 131839 011-056626

Name of the organization  THE COLORADO COLLEGE	Employer identification number 84-0402510
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 15A:	
THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA	_
BASED OF 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	
OUTSIDE CONSULTANT TO CONDUCT A SALARY REVIEW. ANNUALLY, AN E-MAIL IS SENT	
BY THE BOARD PRESIDENT TO THE SENIOR VICE PRESIDENT OF FINANCE &	
ADMINISTRATION WHO IMPLEMENTS THE AGREED UPON SALARY ADJUSTMENTS AND OR	
BONUS. THE LAST YEAR THIS PROCESS WAS PERFORMED WAS 2021.	
THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA OF	_
COMPARABLE POSITIONS IN THE MARKET THAT INCLUDES ATTENTION ON HIGHER	
EDUCATION AND PEER INSTITUTIONS. THESE RESULTS ARE REVIEWED WITH CABINET	_
MEMBERS TO ENSURE THE ACCURACY IN MARKET MATCHES AND THEN USED TO DEVELOP A	
RECOMMENDATION AND PRESENTED TO THE PRESIDENT OF THE COLLEGE AND THE SENIOR	_
VICE PRESIDENT FOR FINANCE AND ADMINISTRATION FOR APPROVAL. THE LAST YEAR	
THIS PROCESS WAS PERFORMED WAS 2020.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AZ,CA,CO,FL,GA,HI,IL,MD,MO,ND,NM,NY,NC,OR,TN,UT,VA	

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

Name of the organization  THE COLORADO COLLEGE	Employer identification number 84-0402510
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 DOES NOT HAVE A FORMAL WHISTLEBLOWER POLICY, HOWEVER	
THE COLLEGE DOES PROVIDE AN OMBUDS OFFICE AS A CONFIDENTIAL RESOURCE	
FOR FACULTY AND STAFF WHICH OFFERS AN INFORMAL AND SAFE ENVIRONMENT FOR	
DISCUSSION. THE OMBUDS PERSON COMPLETES THE FOUNDATION OF OMBUDS THREE	
DAY COURSE TAUGHT BY THE INTERNATIONAL OMBUDSMAN ASSOCIATION, AS WELL	
AS COURSES IN MEDIATION TRAINING AND CONFLICT COACHING. THE COLLEGE'S	
OMBUDS PERSON IS A CONFIDENTIAL RESOURCE FOR FACULTY AND STAFF THAT IS	
INDEPENDENT OF ANY OFFICE ON CAMPUS. ADDITIONALLY, THE OMBUDS PERSON IS	
AN INFORMAL RESOURCE AND A NEUTRAL PARTY THAT DOES NOT REPRESENT THE	
COLLEGE NOR THE VISITOR. THE OMBUDS PERSON REPORTS DIRECTLY TO THE	
EXECUTIVE COMMITTEE OF THE BOARD.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 13,875,577.	
990 PART XII, LINE 2C	
THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED.	
	_

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE COLORADO COLLEGE		84-0402510					
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incon	(e) e End-of-yea	1	(1 Direct co ent	ontrolling
DALE STREET PROPERTIES, LLC - 20-2018989							
116 EAST DALE STREET							
COLORADO SPRINGS, CO 80903	REAL ESTATE	COLORADO		0.	0.c	OLORADO COL	LEGE
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one	e or more r	elated tax-exem	npt
(a)	(b)	(0)	(d)	(0)		(6)	(a)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	I	j) 12(b)(13) rolled ity?
				501(c)(3))		Yes	No
WOMEN'S EDUCATIONAL SOCIETY OF COLORADO							
COLLEGE - 84-6029599, 14 EAST CACHE LA				LINE 12C,			
POUDRE STREET, COLORADO SPRINGS, CO 80903	SUPPORT ORG	COLORADO	501(C)(3)	III-FI	N/A		Х
WOMEN'S EDUCATIONAL SOCIETY OF COLORADO							
COLLEGE TRUST - 84-6035651, 14 EAST CACHE LA				LINE 12C,			
POUDRE STREET, COLORADO SPRINGS, CO 80903	SUPPORT ORG	COLORADO	501(C)(3)	III-FI	N/A		Х
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	х	
A BARNEY TRUST - 84-6217136							
14 EAST CACHE LA POUDRE STREET							
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	х	

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

Schedule R (Form 990) 2020

# Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity				(f) Direct controlling entity	Section 5 controrganiz	olled
OTIS & MARGARET BARNES TRUST - 84-6023466				501(c)(3))		162	INO
14 EAST CACHE LA POUDRE STREET	1						
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	х	
MARGARET BARNES 1992 IRREV 84-6268287							
14 EAST CACHE LA POUDRE STREET	7						
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	х	
JACKSON TRUST - 84-6150097							
14 EAST CACHE LA POUDRE STREET	1						
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	х	
CARLTON TRUST - 84-6331869							
14 EAST CACHE LA POUDRE STREET	7						
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	х	
·							
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	7						
	7						
	7						
	1						
	1						
	1						
	1						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	)	(k)	
Name, address, and EIN	Primary activity	Legal domicile Direct controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share of total Share of List Controlling Predominant income Share Of Cont		Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage				
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	mana	ging ner?	ownership	
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets		NI.	amount in box 20 of Schedule K-1 (Form 1065)	V	NI-		
		country)		30000013 312 314)			res	No	10-1 (1 01111 1000)	res	NO		
-													
-													

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Section 512(b)(13) controlled	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	ity?
CASCADE AVENUE MEDICAL BUILDING - 84-6029636								res	No
809 N. CASCADE AVENUE			COLORADO						
COLORADO SPRINGS, CO 80903	INACTIVE	co	COLLEGE	C CORP	0.	0.	100%	Х	
			COLORADO						
CHARITABLE REMAINDER ANNUITY TRUST (1)	CRAT	CO	COLLEGE	TRUST				Х	
			COLORADO						
CHARITABLE REMAINDER UNITRUST (15)	CRUT	CO	COLLEGE	TRUST				Х	

Page 2

Schedule R (Form 990) 2020 THE COLORADO COLLEGE 84-0402510 Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	During the tax year, did the organization engage in any of the following transactions		•					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х		
					10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r	х		
s	Other transfer of cash or property from related organization(s)				1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above is "Yes," and "Yes," in the above is "Yes," i	no must complete th	is line, including covered r	elationships and transaction thresholds.				
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	olved/			
(1) <sup>(</sup>	OTIS & MARGARET BARNES TRUST	S	867,447.	CASH TRANSFERRED				

(1) OTIS & MARGARET BARNES TRUST

S 867,447. CASH TRANSFERRED

(2) MARGARET BARNES 1992 IRREV.

S 479,624. CASH TRANSFERRED

(3) CARLTON TRUST

S 200,038. CASH TRANSFERRED

(4)

(5)

Yes No

Schedule R (Form 990) 2020 THE COLORADO COLLEGE 84-0402510 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501 (d orgs Yes	s sec. ()(3) 3.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(j Gener mana partr Yes	eal or Perce ging owne	(k) centage nership
	-											
	-											
	-											
	-											
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032165 10-28-20 Schedule R (Form 990) 2020

Form <b>990-T</b>	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	'  -	OMB No. 1545-0047
	For cal	lendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021		2020
Department of the Treasury Internal Revenue Service	<b>•</b>	► 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).	(	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	oyer identification number
<b>B</b> Exempt under section	Print	THE COLORADO COLLEGE	:	84-0402510
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  14 E. CACHE LA POUDRE		exemption number nstructions)
408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903	F	Check box if
	С Во	ok value of all assets at end of year		an amended return.
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplicat	le reinsurance entity
H Check if filing only to	o <b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<b>&gt;</b>
J Enter the number of	attach	ed Schedules A (Form 990-T)		7
•		o corporation a caporatary in an armiatou group of a paront caporatary controlled group.	<b>▶</b> □	Yes X No
		d identifying number of the parent corporation. ►  ROBERT G. MOORE, SR. VP FOR FINANC Telephone number ► 7	10 20	0 6603
		► ROBERT G. MOORE, SR. VP FOR FINANC Telephone number   7  d Business Taxable Income	19-30	9-0093
		ss taxable income computed from all unrelated trades or businesses (see	П	
		,	,	0.
			1 2	•
3 Add lines 1 and 2			3	
•		(see instructions for limitation rules)	4	0.
		taxable income before net operating losses. Subtract line 4 from line 3	5	<u></u>
		ng loss. See instructions	6	0.
		ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		·	7	
		rally \$1,000, but see instructions for exceptions)	8	1,000.
		duction. See instructions	9	· ·
10 Total deductions	Add li		10	1,000.
	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		<u> </u>	11	0.
Part II Tax Com	putat	ion		
1 Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	ı:	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins	structio	ns	3	
4 Other tax amounts	s. See i	nstructions	4	
5 Alternative minimum			5	
		cility income. See instructions	6	
7 Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2020)

Form 990-T (2020) Page 2

Part		Tax and Payments								
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Forr	n 1116)	1a					
b	Other	credits (see instructions)			1b					
С	Gene	ral business credit. Attach Form 3800 (se	ee instructions)		1c					
d		t for prior year minimum tax (attach Form								
е	Total	credits. Add lines 1a through 1d					_ 1	е		
2		and the second of the second o						2		0.
3	Other	taxes. Check if from: Form 4		1 Form 8		Form 8866				
		Other (a	attach statement)				. L:	3		
4	Total	tax. Add lines 2 and 3 (see instructions).		nc <b>l</b> udes tax previ						
	sectio	on 1294. Enter tax amount here			<b></b>			1		0.
5		net 965 tax liability paid from Form 965-			4		. L	5		0.
6a	Paym	ents: A 2019 overpayment credited to 20	020		6a					
b		estimated tax payments. Check if sectio								
С	Tax d	eposited with Form 8868			6c					
d	Foreig	gn organizations: Tax paid or withheld at	source (see instruction	ıs)	6d					
е	Backı	up withholding (see instructions)			6e					
f	Credit	t for small employer health insurance pre	miums (attach Form 89	941)	6f					
g		credits, adjustments, and payments:								
		Form 4136	Other	Total 🕨	► 6g					
7	Total	payments. Add lines 6a through 6g				<u></u>	_  ;	7		
8	Estim	ated tax penalty (see instructions). Chec	k if Form 2220 is attacl	ned		▶ □	׆ֱׁוְׁׁ	3		
9		<b>lue.</b> If line 7 is smaller than the total of lin		•••			<u> </u>	•		
10		payment. If line 7 is larger than the total			aid		<b>▶</b>	0		
		the amount of line 10 you want: Credite				Refunded	<u> </u>	1		
Part		Statements Regarding Certain			•	,				
1		y time during the 2020 calendar year, dic							Yes	No
		a financial account (bank, securities, or o		-	_	· ·				
		EN Form 114, Report of Foreign Bank and CAYMAN ISLANDS	d Financial Accounts. I	f "Yes," enter the	name of t	the foreign country	у		x	
2		g the tax year, did the organization receive	ve a distribution from o	or was it the gran	tor of or t	ransferor to a				
_	,	in trust?	•	•		,				х
		s," see instructions for other forms the o							•	
3		the amount of tax-exempt interest receive	-			▶ \$				
4a		ne organization change its method of acc								х
b		s "Yes," has the organization described t								
		in in Part V	-							
Part	<b>V</b>	Supplemental Information								
Provide	the ex	xplanation required by Part IV, line 4b. Al	so, provide any other a	dditional informa	tion. See	instructions.				
٥:		nder penalties of perjury, I declare that I have examined prrect, and complete. Declaration of preparer (other than					wledge a	ınd be <b>l</b> ief, it i	s true,	
Sign							May th	e IRS discus	s this return	with
Here				SR VP FOR	FINANC	E & ADMIN		parer shown		_
		Signature of officer	Date	Title			instruc	tions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if	PTIN		
			1			1 14 1				
Paid						self- employe	ea			
Paid Prepa	arer	SARAH HINTZ  Firm's name  CLIFTONLARSONALLER	SARAH HINTZ	0 5	/09/22	Firm's EIN		P00492	291 '46749	

Form **990-T** (2020)

Phone no. (303) 779-5710

8390 EAST CRESCENT PARKWAY, SUITE 300

Firm's address 

GREENWOOD VILLAGE, CO 80111

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

OMB No. 1545-0047

ENTITY

**D** Sequence:

2020

Open to Public Inspection for 501(c)(3) Organizations Only

of

Department of the Treasury Internal Revenue Service

Unrelated business activity code (see instructions)

► 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

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales3,210.				
b	Less returns and allowances c Balance ▶	1c	3,210.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	3,210.		3,210,
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	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	3,210.		3,210.

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		63,327.
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement) (see instructions)		
6	Taxes and licenses		4,629.
7	Depreciation (attach Form 4562) (see instructions)		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	. 9	
10	Contributions to deferred compensation plans		1,490.
11	Employee benefit programs		4,163.
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 1	14	5,756.
15	Total deductions. Add lines 1 through 14		79,365.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	. 16	-76,155.
17	Deduction for net operating loss (see instructions)		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-76,155.
1114	For Denominate Deduction Act Nation and instructions	Calaaduda A /	000 T) 0000

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ENTITY	1
	Page 2
Yes	No
D	
	0.
	0.
D	
	_
	<b></b>
	%
	0.
	<u> </u>

Part	Enter met	hod of inventory valuation	on 🖊	<u> </u>	
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired fo	r resale) apply to the or	ganization?	Yes No
Part	IV Rent Income (From Real Property and	l Personal Propert	y Leased with Rea	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use (see instruc	tions)	
	A	,	,	,	
	В				
	c 🗆				
	D				
		A	В	С	D
2	Rent received or accrued	^	В		<u> </u>
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I			0.
Part		ee instructions)	<u> </u>		
1	Description of debt-financed property (street address,		neck if a dual-use (see ir	structions)	
	A	,	,	,	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed			_	
_	property				
3	Deductions directly connected with or allocable				
Ü	to debt-financed property				
_	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	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 debt-				
	financed 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)	<b>&gt;</b>	0.
			-		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				
	Total dividends-received deductions included in line	10			0.

	VI Interest, Annu	ities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	see	e instruct	ions)	'	age <b>o</b>
						E	xempt Contro	lled Org	anization	S		
	<ol> <li>Name of controlled organization</li> </ol>		<b>2.</b> Employer identification number	I I		al of specified nents made 5. Part of co that is include controlling or tion's gross i		inc <mark>l</mark> uded Iling orga	in the iniza-	<b>6.</b> Deductions d connected w income in co <b>l</b> u	vith	
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>												
	Taxable Income			· · · · ·	Controlled Or		ons 10. Part o	of a ali in	n 0	- 44	Dadustiana dira	
,	. raxable income	in	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc	luded in	n the ation's		Deductions dire connected with come in column	•
(1)												
<u>(2)</u>												
(3)												
<u>(4)</u>												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)					Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)					
Totals						•			0.			0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instru	uctions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connectation (attach states	ons ected (	<b>4.</b> Set- attach st		5. Total dedicated and set-as (add cols 3	sides
(1)												
(2)												
(3)												
(4)												
Totals				•	Add amou column 2. here and or line 9, colu	. Enter n Part <b>I</b> ,					Add amou column 5. here and on line 9, colur	Enter Part <b>I</b> ,
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	han Adve	ertisino	Income	see inst	ructions)			
1	Description of exploite											
2	Gross unrelated busin	- 1		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expen	ses. Subtr	act line 5 from line 6	6, but do no	ot enter more	e than th	ne amount on <b>I</b>	ine				
	4. Enter here and on F	art II, line	12							7		

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if report	ing two or more p	periodica <b>l</b> s on a	consolidated basi	s.	
	A					
	В					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	e corresponding (	column			
Lincol	arried net oddin portedical netod above in the	o corresponding t	A	В	С	D
2	Gross advertising income			-		
2	Add columns A through D. Enter here and o		acluma (A)	<u> </u>		· 0.
_	Add Coldmins A through D. Enter here and o	n Fanti, interi, c	Column (A)			
а	Discrete describing a sector because of adjust			ī		
3	Direct advertising costs by periodical			1		
а	Add columns A through D. Enter here and o	n Part I, line 11, d	column (B)		······································	
		. —		T	I	
4	Advertising gain (loss). Subtract line 3 from I	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	l				
	line 4 showing a loss or zero, do not comple					
	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	l				
	line 5, subtract line 6 from line 5. If line 5 is l	<b>I</b>				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	=		tal or zero here an	nd on	
	Part II, line 13		<u> </u>		······	0.
Part	X Compensation of Officers, D	irectors, and	Trustees (s	ee instructions)	1	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
(3)					%	
<u>(4)</u>					%	
					<b>)</b>	0.
Part	XI Supplemental Information (s	see instructions)				

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FOOD SERVICES SUPPLIES PURCHASED SERVICES		1,011. 223. 2,232.
OTHER MISCELLANEOUS EXPENSE STUDENT ASSISTANCE EDUCATION		1,778. 100. 269.
TRAVEL		143.
TOTAL TO SCHEDULE A, PART II, LII	NE 14	5,756.

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

OMB No. 1545-0047

ENTITY

2020

Open to Public Inspection fo

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it	may be	made public	if your org	janization is	a 501(c)(3	·).	501(c)(3) Organiz	
A N	A Name of the organization B Employer in THE COLORADO COLLEGE 84-040								
<u>c</u> .	Unrelated business activity code (see instructions) > 531190				D	Sequence	):	2 of	7
	Describe the unrelated trade or business ►HONNEN ICE RINK								
Pa	t I Unrelated Trade or Business Income		(A) Ind	come	(B)	Expense	s	(C) N	et
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)) (see instructions)	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b							
С	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							
10	Exploited exempt activity income (Part VIII)								
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12 13							
13	Total. Combine lines 3 through 12				- 1				
Pa	Deductions Not Taken Elsewhere (See instruction			ons on c	leduction	ıs) Dedi	uction	is must be	
	directly connected with the unrelated business in	COME	;						
1	Compensation of officers, directors, and trustees (Part X)						1		
2	Salaries and wages						2		
3	Repairs and maintenance						3		
4	Bad debts						4		
5	Interest (attach statement) (see instructions)						5		
6	Taxes and licenses						6		
7	Depreciation (attach Form 4562) (see instructions)								
8	Less depreciation claimed in Part III and elsewhere on return			8a			8b		
9									
10									
11									
12							12		
13	Excess readership costs (Part IX)						13		
14	Other deductions (attach statement)						14		
15	Total deductions. Add lines 1 through 14						15		0.
16	Unrelated business income before net operating loss deduction. Su								_
	column (C)						16		0.
17	Deduction for net operating loss (see instructions)						17		0.
18	Unrelated business taxable income. Subtract line 17 from line 16	j					18		

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Part	III Cost of Goods Sold Enter met	nod of inventory va <b>l</b> uat	ion <b>&gt;</b>		, ago <u>2</u>
1		-		1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property)				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	ctions)	
	A				
	В				_
	С				
	D				_
		Α	В	С	
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
			<u>.</u>	<u>,                                      </u>	
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6 co	lumn (A)	0.
•	Deductions directly connected with the income	annough 21 anno marc			
4	in lines 2(a) and 2(b) (attach statement)				
•			<u>L</u>	<u>,                                      </u>	
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I.	line 6. column (B)	•	0.
Part		ee instructions)	, , ,	·	
1	Description of debt-financed property (street address, of		heck if a dual-use (see i	nstructions)	
	A	,	,	,	
	В				
	c 🗆				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				_
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	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 debt-				
J	financed property (attach statement)				
e	Divide line 4 by line 5	%	%	%	<u></u> %
6 7	Gross income reportable. Multiply line 2 by line 6	70	70	70	<u> </u>
7	Total gross income (add line 7, columns A through D)	Enter here and an Da	t Lling 7 column (A)		0.
8	i otal gross income (add line 7, columns A through D)	. Litter here and on Par	ri, iiile 7, coluitiii (A)		
0	Allocable deductions Multiply line 25 by line 6	I	Γ		
9	Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A thr	ough D. Enter here and	lon Dart I ling 7 colum	un /R)	0.
10 11	Total dividends-received deductions included in line				0.
	Total dividends received deductions included in line				<u>~.</u>

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	nts fron	n Control	led Or	ganizations	see instru	ctions)	<u> </u>	
						E	xempt Contro	lled Organizatio	ns		
	1. Name of controlled		2. Employer 3. Net				al of specified	5. Part of col			
	organization		identification		ne (loss)	payn	nents made	that is include controlling or		connected with	
			number	(see ins	tructions)			tion's gross in		income in column 5	
<u>(1)</u>											
<u>(2)</u>											
<u>(3)</u>											
<u>(4)</u>			NI-		Na satura II a al Ou						
	'. Taxable Income	0 1	Net unrelated		Controlled Or otal of specifi	-		of column 9	144	Deductions directly	
,	. Taxable income		net unrelated icome (loss)		yments mad			luded in the	ı	connected with	
			e instructions)	μα.	ymomo maa			organization's		ome in column 10	
<u>(1)</u>		`	,				gross	income		_	
(2)											
(3)											
(4)											
							Add colum	ns 5 and 10.	Add	columns 6 and 11.	
								and on Part I,	Enter here and on Part I, line 8, column (B)		
							line o, c	co <b>l</b> umn (A)	"	ne o, column (b)	
Totals						<u></u>	<u> </u>	0		0.	
Part			of a Section 50	1(c)(7), (				ee instructions			
	<b>1.</b> Desc	ription of	income		2. Amouincom		3. Deduction		t-asides statemen	5. Total deductions and set-asides	
					1110011		(attach stater	1 '	Statemen	(add cols 3 and 4)	
(1)											
(2)											
(3)											
(4)											
<u> </u>					Add amou					Add amounts in	
					column 2.					column 5. Enter	
					line 9, colu					line 9, column (B)	
Totals				<b>)</b>		0.				0.	
Part	VIII Exploited Ex	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (	see instruction	s)		
1	Description of exploite	- '									
2	Gross unrelated busine								2		
3	· · · · · · · · · · · · · · · · · · ·										
_	line 10, column (B)  4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete							3			
4	, ,										
_	lines 5 through 7								4		
5	Gross income from act										
6 7	Expenses attributable								6		
7	Excess exempt expens								7		
	4. Enter here and on P	arrii, iii le	١٢								

Par	ar	4
rau	16	-

Part	IX Advertising Income					·
1	Name(s) of periodical(s). Check box if reporting	g two or	more periodicals on a d	consolidated basis	•	
	Α 🔲					
	В					
	c					
	D 🔛					
Enter a	amounts for each periodical listed above in the	correspor		_		<del></del>
_			Α	В	С	D
2	Gross advertising income		. 11 l (A)			. 0.
_	Add columns A through D. Enter here and on	Part I, IIn	e II, column (A)			•
а 3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on		e 11. column (B)			0.
-	, taa eelamme, tameag. Di Enter Here and en		5 11, 55Idiiii (2)			
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	า				
	line 4 showing a loss or zero, do not complete	Э				
	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 le					
_	than line 6, enter zero					
8	Excess readership costs allowed as a	. n				
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gi		L	al or zero here and	l on	
a	Part II, line 13					0.
Part	X Compensation of Officers, Dir	ectors,	and Trustees (se	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		<b>2.</b> Tit <b>l</b> e		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
<u>(3)</u>					%	
<u>(4)</u>					%	
Total	Enter here and on Part II, line 1					0.
Part		o inetruct	ione)		<b></b>	<u> </u>
<u>. u. c</u>	Zi Cappionioniai information (Se	e instruct	.10115)			

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

OMB No. 1545-0047

ENTITY

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ▶ 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

C Unrelated business activity code (see instructions)

B Employer identification number
84-0402510

D Sequence: 3 of 7

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 88,918.				
b	Less returns and allowances c Balance >	1c	88,918.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	88,918.		88,918.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b		4b			
С	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	88,918.		88,918.

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	234,049.
3	Repairs and maintenance	3	146.
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	18,299.
7	Depreciation (attach Form 4562) (see instructions)		
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	5,676.
11	Employee benefit programs	11	41,782.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 2	14	18,244.
15	Total deductions. Add lines 1 through 14	15	318,196.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-229,278.
17	Deduction for net operating loss (see instructions)	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-229,278.
1114	F. B. C. L. B. L. P. A. M. P. C.		(E 000 E) 0000

LHA For Paperwork Reduction Act Notice, see instructions.

	ıle A (Form 990-T) 2020				Page <b>2</b>
Part	III Cost of Goods Sold Enter met	hod of inventory va <b>l</b> uation	on 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				_
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s		_		
•	A	nato, zir oodoji onook i	r a dadi doo (ooo moire	10110110)	
	В				
	c 🗌				
	D	1 .	ъ Т		
_		A	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_ 5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ne 6, co <b>l</b> umn (B)	<b>&gt;</b>	0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, Z <b>I</b> P code). Ch	neck if a dual-use (see	instructions)	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				-
c	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4					
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u>%</u>
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)	<b>&gt;</b>	0.
			Т	1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				
11	Total dividends-received deductions included in line	10			0.

Dago	
raye	

	VI Interest, Annu	iities, Royalties, and Re	ents fror	n Control	led Or	ganizations	s (see	e instruct	ions)	r age <b>c</b>
					E	xempt Contro	lled Org	anization	s	
	Name of controlled organization	d <b>2.</b> Employer identification number	identification incon		unrelated me (loss) structions)  4. Tota paym		5. Part of column 4 that is included in the controlling organization's gross income		in the Iniza-	Deductions directly connected with income in column 5
<u>(1)</u>										
(2)										
<u>(3)</u>										
<u>(4)</u>										
	Tavabla la acces		<del> </del>	Controlled Or		I	- <b>-</b> l	0	44.5	N. d ati di ati
1	. Taxable Income	8. Net unrelated income (loss) (see instructions)	ı	otal of specif yments mad		that is inc controlling gross	luded ir	n the ation's	c	Deductions directly connected with to column 10
<u>(1)</u>										
(2)										
(3)										
<u>(4)</u>										
						Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals					•			0.		0.
Part	VII Investment I	ncome of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instri	uctions)		
	1. Desc	cription of income		2. Amou incon		3. Deduction directly connected (attach states	ected (	<b>4.</b> Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
				Add amou column 2. here and or line 9, colu	Enter n Part I, ımn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Part	VIII	A _ L! _ L _ L	<b>&gt;</b>	la a a A a'	0.					0.
		xempt Activity Income	, Other I	nan Adve	ertising	g income	see inst	ructions)		
1	Description of exploite	•			- D+ I	line 40 and one	- (A)			
2		ess income from trade or busi							2	
3	•	nected with production of unr								
4		unrelated trade or business.							3	
4	, ,					•			4	
5	9	tivity that is not unrelated bus							5	
6		to income entered on line 5							6	
7		ses. Subtract line 5 from line 6								
-		art II, line 12							7	

chedule A (Form 990-T) 2020				Page
Part IX Advertising Income  Name(s) of periodical(s). Check box if reporting tw	o or more periodicals on a	consolidated basis	3	
A	o of more periodicals of a	d consolidated basis	J.	
В				
c 🗆				
D				
nter amounts for each periodical listed above in the corre	esponding column			
inter amounts for each periodical listed above in the conte	A	В	С	D
2 Gross advertising income		<del>                                     </del>	<u> </u>	
Add columns A through D. Enter here and on Part				0
	i, interri, column (A)			
Direct advertising costs by periodical		1		
a Add columns A through D. Enter here and on Part				0
a Add Coldmins A through D. Enter here and on Fart	(D)			
4 Advertising gain (loss). Subtract line 3 from line				
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	· · · · · · · · · · · · · · · · · · ·		-1	
Add line 8, columns A through D. Enter the greate     Part II, line 13				0
Part X Compensation of Officers, Direct	ors. and Trustees	(see instructions)		
<u> </u>	,	(000	3. Percentage	4. Compensation
1. Name	<b>2.</b> Tit <b>l</b> e		of time devoted	attributable to
			to business	unrelated business
1)			%	
2)			%	
3)			%	
1)			%	
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total. Enter here and on Part II, line 1			•	0
Part XI Supplemental Information (see ins				
(000 m)				

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EDUCATION		129.
FOOD SERVICES		14,684.
SUPPLIES		3,066.
PURCHASED SERVICES		234.
MINOR EQUIPMENT		131.
TOTAL TO SCHEDULE A, PART	II, LINE 14	18,244.

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

OMB No. 1545-0047

ENTITY

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it	may be	made public	if your	organiz	ation is a 501(c	)(3).	501(c)(3) Organizations Only	
A 1	· · ·					ver identification number 0402510			
<u>c                                    </u>	Unrelated business activity code (see instructions) > 713940					<b>D</b> Sequen	ce:	4 of 7	_
E (	Describe the unrelated trade or business ADAM PRESS FITNESS	CENT	ER						
Pa			(A) In	come		(B) Expens	ses	(C) Net	
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance >	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							_
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)) (see instructions)	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b							_
С	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			0.				
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			ons oi	n ded	uctions) De	ductior	ns must be	
1	Compensation of officers, directors, and trustees (Part X)						1		_
2	Salaries and wages						2		_
3	Repairs and maintenance						3		_
4	Bad debts						4		_
5	Interest (attach statement) (see instructions)						5		_
6	Taxes and licenses			r			6		_
7	Depreciation (attach Form 4562) (see instructions)								
8	Less depreciation claimed in Part III and elsewhere on return						8b		_
9	Depletion						9		_
10	Contributions to deferred compensation plans								_
11	Employee benefit programs						11		—
12	Excess exempt expenses (Part VIII)						12		_
13	Excess readership costs (Part IX)								—
14	Other deductions (attach statement)						14		_
15	Total deductions. Add lines 1 through 14						15	·	<u>.</u>
16	Unrelated business income before net operating loss deduction. So							ر	ο.
47	column (C)  Deduction for net operating loss (see instructions)						16		<u>).</u>
17	Deduction for their operating loss (see instructions)						17		•

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Pag	ıe	2
ı ay	U	_

Part	III Cost of Goods Sold Enter met	hod of inventory va <b>l</b> uati	on <b></b>		<u></u>
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with Re	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	ctions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	lumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, co <b>l</b> umn (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). C	heck if a dual-use (see i	nstructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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 debt-				
	financed 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 Par	t I, line 7, column (A)	<b>\</b>	0.
				<del></del>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here and	on Part I, line 7, colum	n (B)	0.
11	Total dividends-received deductions included in line	10		<b>&gt;</b>	0.

Page	(
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	orm 990-1) 2020 Iterest Anni		oyalties, and Re	ents fron	n Control	led Or	ganizations	3 (500	instructi	ione)	Page 3
I alt VI	itoroot, Amre	artico, 110	yaraco, ana me		00111101		Exempt Contro				
	ame of controlle organization	d	<b>2.</b> Employer identification number			al of specified nents made conti		5. Part of column 4 nat is included in the controlling organization's gross income		<b>6.</b> Deductions directly connected with income in column 5	
(1)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)											
(3)											
(4)											
				· · · · · ·	Controlled O		1		_		
<b>7.</b> Taxab	ind		Net unrelated acome (loss) e instructions)		otal of specified syments made		10. Part of column 9 that is included in the controlling organization's gross income		the		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		art I,	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals						>			0.		0.
Part VII	Investment	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instru	ctions)		
	<b>1.</b> Desc	cription of	income		<b>2.</b> Amou incor		3. Deduction directly connected (attach states	ected (a	<b>4.</b> Set-attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del anno conta in
Totals				•	Add amor column 2 here and o line 9, colu	. Enter n Part <b>I</b> ,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII	Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertisino	Income	see instr	uctions)		
1 Descri	ption of exploite										
			e from trade or busir	ness. Enter	here and o	n Part I,	line 10, colum	n (A)		2	
<b>3</b> Expen	ses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa				
line 10	), column (B)									3	
	·		trade or business. S				•			4	
	•		s not unrelated busi							5	
			entered on line 5							6	
			act line 5 from line 6								
			12							7	

Schedu	ıle A	(Fo	orm 990-T) 2020					entity Pa	4 ge 4
Part			Advertising Income						
1	Nar	ne(s	s) of periodical(s). Check box if reporti	ng two or n	nore periodica <b>l</b> s on a	conso <b>l</b> idated basis	s.		
	Α								
	В								
	C								
	D								
Enter a	mou	nts	for each periodical listed above in the	correspon F		_	1 -		
_	_				Α	В	С	D	
2			advertising income		44 1 (A)			ļ	
	Add	d co	lumns A through D. Enter here and or	n Part I, line	11, column (A)		<b>P</b>		0.
а	ς.			Г		I			
3			advertising costs by periodical	_	11(D)				0.
а	Add	o co	lumns A through D. Enter here and or	n Part I, line	· II, column (B)		······································	·	<u> </u>
4	۸ ما،	, a sti	ining gain (loss) Subtract line 2 from li	: [					
4			ising gain (loss). Subtract line 3 from li any column in line 4 showing a gain,	lile					
			ete lines 5 through 8. For any column	in					
		-	howing a loss or zero, do not complet						
			through 7, and enter zero on line 8	I					
5			ship costs						
6			tion income						
7			readership costs. If line 6 is less than	I					
•			subtract line 6 from line 5. If line 5 is le						
			ne 6, enter zero						
8			readership costs allowed as a	·····					
•			ion. For each column showing a gain	on					
			enter the lesser of line 4 or line 7						
а			e 8, columns A through D. Enter the g	_	e line 8a, columns to	tal or zero here an	d on		
			line 13	_				•	0.
Part :	X		Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)			
							3. Percentage	4. Compensation	
			<b>1.</b> Name		<b>2.</b> Title		of time devoted	attributable to	
							to business	unrelated business	
(1)							%		
(2)							%		
(3)							%		
(4)							%		
							<b>)</b>		0.
Part :	XI_		Supplemental Information (s	ee instructi	ons)				
									_

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

OMB No. 1545-0047

ENTITY

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ▶ 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 B Employer identification number THE COLORADO COLLEGE 84-0402510 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business SHOVE CHAPEL Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) Unrelated debt-financed income (Part V) 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 0. 13 **Total.** Combine lines 3 through 12 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 2 Salaries and wages 3 Repairs and maintenance 4 4 Interest (attach statement) (see instructions) 5 5 6 Taxes and licenses 6 Depreciation (attach Form 4562) (see instructions) 7 Less depreciation claimed in Part III and elsewhere on return 8 8b 9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement)

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

15

15

16

17 18 Total deductions. Add lines 1 through 14

column (C)

Deduction for net operating loss (see instructions)

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

0.

	ule A (Form 990-1) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory va <b>l</b> uati	on 🕨		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	here and in Part I, line 2	) 	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	ictions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). C	heck if a dual-use (see	instructions)	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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 debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income</b> (add line 7, columns A through D)		t I. line 7. column (A)	<b>•</b>	0.
-	J. 200 meeting (and mile ), columns , allough b)				<u> </u>
9	Allocable deductions. Multiply line 3c by line 6	Π			_
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	I on Part I. line 7. colun	nn (B)	0.
	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2020 Page 3

	VI Interest, Annu		yalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r ago <b>o</b>
						E	xempt Contro	lled Org	ganization	s	
	1. Name of controlle organization	d	<b>2.</b> Employer identification number			al of specified nents made that is included controlling org tion's gross in		inc <b>l</b> uded olling orga	in the iniza-	Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>			No	navament C	Pantrallad Or						
	Taxable Income		Net unrelated	<del></del>	Controlled Or otal of specif		10. Part	of colu	mn Q	44 [	Deductions directly
	income (loss) (see instructions)			yments mad		that is inc	luded i	n the ation's	c	connected with ome in column 10	
(1)											
(2)											
(3)											
<u>(4)</u>											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals						▶			0.		0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee insti	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach state)	ected	<b>4.</b> Set (attach st	asides atement	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											
(2)											
(3)											
(4)					A -1-1						A del con conte in
					Add amou column 2. here and or line 9, colu	Enter n Part I, ımn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Part	VIII =			<u></u> ▶	 	0.	•				0.
	Exploited E		ctivity Income,	Other I	nan Aave	rusing	y income	see ins	structions)		
1	Description of exploite	- 1	o from trade or burt	anna Frats	r bara = == - :	Do:+!	line 10 seli	n (A)			
2 3	Gross unrelated busin Expenses directly con									2	
3			•							3	
4	Net income (loss) from		trade or business S								
-							•			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	art II, line	12							7	

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodica <b>l</b> s on a	consolidated basis	S.	
	A 🔲				
	В 🔲				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
	<b>'</b>	A	В	С	D
2	Gross advertising income		_		_
_	Add columns A through D. Enter here and on		L		. 0.
	Add columns / through b. Enter here and on	arti, interri, colarini ( y		······································	
а 3	Direct advertising costs by periodical				
	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			- 0.
_					
4	Advertising gain (loss). Subtract line 3 from line	9			
	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 les	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns to	tal or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Tit <b>l</b> e		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u>,</u>				, , ,	
Total	. Enter here and on Part II, line 1				0.
Part					
· uit	Zi cappionional mormation (See	e instructions)			

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

OMB No. 1545-0047

ENTITY

► Go to www.irs.gov/Form990T for instructions and the latest information.

	I Revenue Service  Do not enter SSN numbers on this form as it	may be	made public	if your	organiz	ation is a 5	01(c)(3	).		lic Inspection for ganizations Only
A N	lame of the organization THE COLORADO COLLEGE						ployer i 4-040		ation numl	oer
<u>c</u> ს	Unrelated business activity code (see instructions) 453220					<b>D</b> Sec	uence	:	6 of	7
<u>E [</u>	Describe the unrelated trade or business FINE ARTS CENTER (	GIFT S	HOP							
Pa	Unrelated Trade or Business Income		(A) Inc	ome		(B) Ex	pense	5	(C	) Net
1 a	Gross receipts or sales									
b	Less returns and allowances c Balance ▶	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)) (see instructions)	4a								
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b								
С	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								
<u>13</u>	Total. Combine lines 3 through 12	13			0.					
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	come						ıction	s must I	oe
1	Compensation of officers, directors, and trustees (Part X)							1		
2	Salaries and wages							2		
3	Repairs and maintenance							3		
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		_	8a				8b		
9	Depletion							9		
10	Contributions to deferred compensation plans							10		
11	Employee benefit programs							11		
12	Excess exempt expenses (Part VIII)							12		
13	Excess readership costs (Part IX)							13		
14	Other deductions (attach statement)							14		0.
15	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S							15		υ,
16	1 (2)					,		16		0.
17	column (C)  Deduction for net operating loss (see instructions)							16 17		0.
17	beddeficit for the operating loss (see instructions)							17		٠,

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Dag		
rag	le.	4

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on <b>•</b>		Page 2
1	Inventory at beginning of year	-		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he			_	
9	Do the rules of section 263A (with respect to property page 263)			· · · · · · · · · · · · · · · · · · ·	Yes No
Part					
1	Description of property (property street address, city, sta	ate, ZIP code). Check i	f a dual-use (see instru	ctions)	
	A	·		•	
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
	,	•	•	•	
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I. line 6. co	lumn (A)	0.
	Deductions directly connected with the income		, ,	, ,	
4	in lines 2(a) and 2(b) (attach statement)				
	_				
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I, Ii	ne 6, co <b>l</b> umn (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (see	e instructions)			
1	Description of debt-financed property (street address, ci	ty, state, Z <b>I</b> P code) <b>.</b> Ch	eck if a dual-use (see i	nstructions)	
	A				
	В 🔲				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	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 debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	9/
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	7
	Total gross income (add line 7, columns A through D).	Enter here and an Dart	Lline 7 column (A)		0.
8	rotal gross income (add line 7, columns A through D).	Linter here and on Part	i, inte 7, column (A)	<b>/</b>	· · ·
	Allocable deductions, Multiply line 2s by line 6		Γ	Τ	
9	Allocable deductions. Multiply line 3c by line 6  Total allocable deductions. Add line 9, columns A thro	ugh D. Enter have and	on Part Llina 7 cal···	un /R)	0.
10	Total dividends-received deductions included in line				0.
11	TOTAL GIVING THE SELECTIVE A GEORGEOUS HICHARD HIT HITE			······································	٠,

Part	VI Interest, Annu	iities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	e instruct	tions)		Page 3
	,	,					xempt Contro					
	Name of controlled organization	d	<b>2.</b> Emp <b>l</b> oyer identification number	tification income		unrelated 4. Tota paym structions)		that is contr	art of colui included olling orga is gross inc	in the aniza-	C	eductions directly connected with come in column 5
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>				<u> </u>		<u> </u>						_
	Tayabla Inggres				Controlled O		1	af a a lu			Dad	luntings divently
,	7. Taxable Income  8. Net unrelate income (loss) (see instruction		come (loss)	ı	otal of specif yments mad		that is inc controlling gross	luded	in the zation's	11. Deductions directly connected with income in column 10		nected with
(1)												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Ente	er he	umns 6 and 11. re and on Part I, 3, column (B)
Totals						•			0.			0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)			
		cription of		, , , , ,	2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		-asides tatemer	nt)	. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>												
(2)												
(3)											_	
<u>(4)</u>					A alal avas av							A dal a : a : ::a :-
					Add amou column 2 here and or line 9, colu	. Enter n Part I, ımn (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	VIII			<u></u>		0.	_					0.
Part			ctivity Income,	, Other T	nan Adve	ertising	gincome	(see ins	structions)	) 		
1	Description of exploite	•										
2	Gross unrelated busin									2		
3	Expenses directly con		•									
4	line 10, column (B)  Net income (loss) from		trade or business (							3		
4	, ,						• •			4		
5	Gross income from ac		s not unrelated busi							5		
6	Expenses attributable									6		
7	Excess exempt expens											
	4. Enter here and on P			*						7		

6

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodica <b>l</b> s on a	consolidated basis	•	
	A 🔛				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		<b>&gt;</b>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		<b>&gt;</b>	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	า			
	line 4 showing a loss or zero, do not complete	e			
	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 le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr	reater of the line 8a, columns to	otal or zero here and	d on	
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Dir	rectors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	<b>1.</b> Name	<b>2.</b> Tit <b>l</b> e		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Takal	Enter here and an Dort II line 1				0.
Part	Lenter here and on Part II, line 1  XI Supplemental Information (see			<b>P</b>	
rait	Supplemental information (se	ee instructions)			

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

OMB No. 1545-0047

ENTITY

B Employer identification number

2020

LULU

Department of the Treasury Internal Revenue Service

Name of the organization

► 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).

Open to Public Inspection for 501(c)(3) Organizations Only

THE COLORADO COLLEGE					
• •			_	_	
00		<b>D</b> Sequenc	e: 7	of 7	
	TNOONE				
TNERSHIP	INCOME				
	(A) Income	(B) Expense	es	(C) Net	
1c					
4a	123,797.			123,797	
s) <b>4b</b>					
4c					
5	-1,747,092.			-1,747,092	
8					
9					
11					
12					
13	-1,623,295.	ductions) Ded	uctions		
13 uctions for sincome	or limitations on dec		1 1		
13 uctions for sincome	or limitations on dec		1		
13 uctions for sincome	or limitations on dec		1 2		
13 uctions for sincome	or limitations on dec		1 2 3		
13 uctions for sincome	or limitations on dec		1 2		
13 uctions for sincome	or limitations on dec		1 2 3 4		
13 uctions for sincome	or limitations on dec		1 2 3 4 5		
13 uctions for sincome	or limitations on dec		1 2 3 4 5		
uctions for sincome	r limitations on dec		1 2 3 4 5 6		
13 uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b		
uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b 9		
uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b 9 10		
uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b 9 10 11		
uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b 9 10 11 12	must be	
uctions for sincome	r limitations on dec		1 2 3 4 5 6 8b 9 10 11 12 13	must be	
uctions for sincome	r limitations on dec	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14	must be	
uctions for sincome	ine 15 from Part I, line 1	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	-1,623,295 must be	
	1c 2 3 3 4a 4a 5 6 7 8 9 10 11	(A) Income  (A) Income  1c 2 3 4a 123,797. 4b 4c 5 -1,747,092. 6 7 8 9 10 11	(A) Income  (B) Expense  (C) 1c 2 3 4a 123,797.  S) 4b 4c 5 -1,747,092. 6 7 8 9 10 11	(A) Income (B) Expenses  (A) Income (B) Expenses  1c 2 3 4a 123,797.  4b 4c 5 -1,747,092.  6 7 8 9 10 11 11	

Page 2	2
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Part	III Cost of Goods Sold Enter met	nod of inventory va <b>l</b> uat	ion <b>&gt;</b>		, ago <u>2</u>
1		-		1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property)				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	ctions)	
	A				
	В				
	С				
	D				_
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
			<u>.</u>	<u>,                                      </u>	
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6 co	lumn (A)	0.
•	Deductions directly connected with the income	annough 21 anno marc			
4	in lines 2(a) and 2(b) (attach statement)				
•			<u>L</u>	<u>,                                      </u>	
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I.	line 6. column (B)	•	0.
Part		ee instructions)	, , ,	·	
1	Description of debt-financed property (street address, of		heck if a dual-use (see i	nstructions)	
	A	,	,	,	
	В				
	С				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				_
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	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 debt-				
J	financed property (attach statement)				
e	Divide line 4 by line 5	%	%	%	<u></u> %
6 7	Gross income reportable. Multiply line 2 by line 6	70	70	70	<u> </u>
7	Total gross income (add line 7, columns A through D)	Enter here and an Da	t Lling 7 column (A)		0.
8	i otal gross income (add line 7, columns A through D)	. Litter here and on Par	ri, iiile 7, coluitiii (A)		
0	Allocable deductions Multiply line 25 by line 6	I	Τ		
9	Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A thr	ough D. Enter here and	lon Dart Lling 7	up (R)	0.
10 11	Total dividends-received deductions included in line				0.
	Total dividende received deductions included in line				<u>~.</u>

|--|

Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)   1. Name of controlled organization   2. Employer identification number   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. Name of controlled organization eigenstructions   2. Employer identification number   3. Net unrelated income (loss) (see instructions)   4. Total of specified payments made   5. Part of column 4 its included in the controlling organization structions in spread in the controlling organization structions   1. Deductions directly connected with income in column 5.
2  (3) (4)   Nonexempt Controlled Organizations   Nonexempt Controlled Organizations
Nonexempt Controlled Organizations   Nonexempt Controlled Organizations
Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  (see instructions)  10. Part of column 9 that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions (attach statement)  4. Set asides (attach statement)  5. Total deduction on dead and set-asides (add cols 3 and 4 and set-as
7. Taxable Income  8. Net unrelated income (loss) (see instructions)  (see instructions)  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connected with income in column 10  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter  Add amounts in column 2. Enter
7. Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connected with income in column 10  12.  33.  44.  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Inter here and on Part I, line 8, column (B)  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  2. Amount of income directly connected (attach statement)  4. Set-asides (attach statement)  4. Set-asides (attach statement)  5. Total deduction and set-asides (add cols 3 and 4)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter
income (loss) (see instructions)  payments made  that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach statement)  (1)  (2)  (3)  4. Set-asides (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter  Add amounts in column 2. Enter
(2) (3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  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)  (1) (2) (3) (4)  Add amounts in column 2. Enter
(2) (3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  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)  (1) (2) (3) (4)  Add amounts in column 2. Enter
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add columns 6 and 11. Enter here and on Part I, line 8, column (B)  Add columns 5 and 10. Enter here and on Part I, line 8, column (B)  (see instructions)  4. Set-asides (attach statement) and set-asides (add cols 3 and 4)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1) (2) (3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (B)  0.  Add columns 6 and 11. Enter here and on Part I, line 8, column (B)  5. Total deduction and set-asides (attach statement)  and set-asides (add cols 3 and 4)  Add amounts in column 2. Enter
Enter here and on Part I, line 8, column (A)  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1) (2) (3) (4)  Add amounts in column 2. Enter
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter
1. Description of income  2. Amount of income  3. Deductions directly connected (attach statement)  4. Set-asides (attach statement)  5. Total deduction and set-asides (add cols 3 and 4 and set-asid
(2) (3) (4)  Add amounts in column 2. Enter column 5. Enter
(2) (3) (4)  Add amounts in column 2. Enter column 5. Enter
Add amounts in column 2. Enter Add amounts in column 5. Enter
Add amounts in column 2. Enter Add amounts in column 5. Enter
column 2. Enter column 5. Enter
here and on Part I, line 9, column (A) here and on Part 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  5
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

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ing two or r	nore periodica <b>l</b> s on a	consolidated basis	s.	
	A					
	В					
	c 🗆					
	D					
Entor	amounts for each periodical listed above in the	corrocpon	odina column			
LIILGI	amounts for each periodical listed above in the		_	В	С	D
_	Over a selectivistic in a comp		Α	<u> </u>		
2	Gross advertising income		- 11 luman (A)			· 0.
	Add columns A through D. Enter here and or	n Part I, line	e II, column (A)		······	<u> </u>
а	S	1		1		
3	Direct advertising costs by periodical	l	44 1 (5)			
а	Add columns A through D. Enter here and or	n Part I, line	e 11, column (B)		<b>&gt;</b>	0.
		ı		1		
4	Advertising gain (loss). Subtract line 3 from I	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple					
	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 le					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the o	greater of th	ne line 8a, columns to	otal or zero here an	id on	
	Part II, line 13				<b>)</b>	0.
<b>Part</b>	X Compensation of Officers, Di	<u>irectors,</u>	and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		<b>2.</b> Tit <b>l</b> e		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
<u>(4)</u>					%	
					<b>&gt;</b>	0.
Part	XI Supplemental Information (s	see instruct	ions)			

DAR FUND X WATERWORKS B, LP - ORDINARY BUSINESS INCOME (LOSS)  JERRFIELD PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)  SERFFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME (LOSS)  SIG ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  SIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  SINDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)  NOOME (LOSS)  SOURCE	FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
LOSS) DEERFIELD PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME LOSS) DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME LOSS) SIG ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME (LOSS) ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS) SINCOME (LOSS) SINCOME (LOSS) SUBJECT OF PORTUNITIES FUND III (B) LP - ORDINARY BUSINESS INCOME (LOSS) SUBJECT OF ORDINARY BUSINESS SUBJECT ORDINARY BUSINESS INCOME (LOSS) SUBJECT ORDINARY BUSINESS INCOME BUSINESS INCOME (LOSS) SUBJECT ORDINARY BUSINESS INCOME BUSINESS INCOME (LOSS) SUBJECT ORDINARY BUSINESS INCOME (LOSS) SUBJECT ORDINARY BUSINESS INCOME	DESCRIPTION	
DEERFIELD PARTNERS, LP - ORDINARY BUSINESS INCOME DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME LOSS)  SIG ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME LICOSS)  SIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME  LICOSS)  SIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  SIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  SIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  SINCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY  SUSINESS INCOME (LO  LLAYTON, DUBLILER & RICE FUND X, LP - ORDINARY BUSINESS  INCOME (LOSS)  SUSINESS INCOME (LOSS)  SUSERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  SUCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  SUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND	CD&R FUND X WATERWORKS B, LP - ORDINARY BUSINESS INCOME	
DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME  LOSS)  106,39  106,30  107  108  108  108  108  108  108  10	(LOSS)	3,025.
ING ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME  LOSS)  106,91  1106,9	DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME	-108.
LOSS)  AIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  AIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS  ENCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY  SUSINESS INCOME (LO  LAYTON, DUBILIER & RICE FUND X, LP - ORDINARY BUSINESS  ENCOME (LOSS)  VALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY  SUSINESS INCOME (LOSS)  VALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY  SUSINESS INCOME (LOSS)  VALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY  SUSINESS INCOME (LOSS)  VALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY  SUSINESS INCOME (LOSS)  VORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  (LOSS)  VORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  SUBERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  SUSINESS INCOME (LOSS)  COERTICUD (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME  (LOSS)  DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, LP ORDINARY  SUSINESS INCOME  (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  SUSINESS INCOME (LOSS)  ORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  SUSINESS INCOME (LOSS)		-898.
RIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)  INDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS  INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY  BUSINESS INCOME (LO  CLAYTON, DUBILIER & RICE FUND X, LP - ORDINARY BUSINESS  INCOME (LOSS)  RALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  RALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  RALTON STREET REAL ESTATE FUND VII, LP - ORDINARY  BUSINESS INCOME (LOSS)  RORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  (LOSS)  RORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  RORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  REREFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  BUSINESS INCOME (LOSS)  REREFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  RICCOME (LOSS)  REREFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  RICCOME (LOSS)  REREFIELD PHOLDINGS, L.P ORDINARY BUSINESS INCOME  (LOSS)  REREFIELD PHOLDINGS IV, L.P ORDINARY BUSINESS INCOME  (LOSS)  REREFIELD PHOLORIS IV, L.P ORDINARY BUSINESS INCOME  (LOSS)  REREFIELD PHOLORIS IV, L.P ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  RORTRESS CREDIT OPPORTUNITIES	·	106,918.
INCOME (LOSS) **CORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY **SUSINESS INCOME (LO **CLAYTON, DUBILIER & RICE FUND X, LP - ORDINARY BUSINESS **INCOME (LOSS) **INC	EIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS)	-36,799.
BUSINESS INCOME (LO CLAYTON, DUBILIER & RICE FUND X, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) WALTON ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME WALTON ENERGY A, L.P OR	INCOME (LOSS)	-53.
ENCOME (LOSS)  PALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  PALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  PALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY  BUSINESS INCOME (LOSS)  PORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  LOSS)  PORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  LOSS)  POERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  BUSINESS INCOME (LOSS)  POERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  POERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  POERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME  LOSS)  POERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME  LOSS)  POERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  BUSINESS INCOME (LOSS)  POERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  BUSINESS INCOME (LOSS)  POERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  POERFESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)	FORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY BUSINESS INCOME (LO	733.
WALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  ALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY  BUSINESS INCOME (LOSS)  ALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY  BUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  COERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  BUSINESS INCOME (LOSS)  CHOOSE (LOSS)	CLAYTON, DUBILIER & RICE FUND X, LP - ORDINARY BUSINESS	
RUSINESS INCOME (LOSS)  VALITON STREET REAL ESTATE FUND VII-E, LP - ORDINARY  RUSINESS INCOME (LOSS)  VALITON STREET REAL ESTATE FUND VIII, LP - ORDINARY  RUSINESS INCOME (LOSS)  VORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  (LOSS)  VORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  VORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  VORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  VORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME  (LOSS)  DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  BUSINESS INCOME (LOSS)  CDEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  (LOSS)  CDEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME  (LOSS)  CDEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME  (LOSS)  CDEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME  (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)		212.
WALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY BUSINESS INCOME (LOSS)  VALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)  VORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME  (LOSS)  VERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY BUSINESS INCOME (LOSS)  VERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  INCOME (LOSS)  VERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME  (LOSS)  VERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME  (LOSS)  VERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME  (LOSS)  VERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME  (LOSS)  VERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  VERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  VORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)		_283_815
RUSINESS INCOME (LOSS)  VALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY  RUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)  CERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY  RUSINESS INCOME (LOSS)  CHECKFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  CHOOME (LOSS)  CHECKFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  CHECKFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS INCOME (LOSS)  CHECKFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  CHECKFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  RUSINESS INCOME (LOSS)  CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  RUSINESS INCOME (LOSS)		-203,013.
WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) CORKTOWN ENERGY ESIGN FUND IV, L.P ORDINARY BUSINESS CHOOME (LOSS) CORKTELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS CHOOME (LOSS) CORKTESS (LOSS) CORKTESS (REDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS) CORTRESS (LOSS) CORTRE		-163,837.
RUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)  CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY BUSINESS INCOME (LOSS)  CHOOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS CHOOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)	WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY	•
CLOSS) CORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) CEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY BUSINESS INCOME (LOSS CEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS CNCOME (LOSS) CEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS) CEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS) CEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) CEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY CORTRESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY CORTRESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY CORTRESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY CORTRESS CREDIT OPPORTUNITIES CORTRE	BUSINESS INCOME (LOSS)	121,443.
TORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY BUSINESS INCOME (LOSS  DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  PORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)	YORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME	
CLOSS) DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY DUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS) CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS) TORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)	(LOSS)	-51,733.
DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)	·	000 665
COUSTNESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  INCOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY		-229,665.
DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS  INCOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  DEER FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)	•	-619 400
CINCOME (LOSS)  DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY SUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)		015,400.
DEERFIELD RCA HOLDINGS, L.P ORDINARY BUSINESS INCOME (LOSS)  CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS  SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY		-358,165.
CLOSS) CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME (LOSS) CDEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) CDEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY COUSINESS INCOME (LOSS) CORTRESS INCOME (LOS COUSINESS INCOME (LOS COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY COUSINESS INCOME (LOSS) CORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY COUSINESS INCOME (LOSS)		•
CLOSS) DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS FORTRESS INCOME (LOS FORTRESS INCOME (LOS FORTRESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY	(LOSS)	4,961.
DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)  DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS  SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY  BUSINESS INCOME (LOSS)  FORTRESS INCOME (LOSS)	CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME	
CLOSS) DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS) FORTRESS INCOME (LOSS)	(LOSS)	-265,447.
DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS)		06.266
BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS FORTRESS INCOME (LOS FORTRESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS) FORTRESS INCOME (LOSS)		-86,366.
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS FORTRESS INCOME (LOS) FORTRESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS) FORTRESS INCOME (LOSS)  87,42		-7,350.
BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS FORTRESS INCOME (LOS) FORTRESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS) FORTRESS INCOME (LOSS)  87,42		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY BUSINESS INCOME (LOS  SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS  87,42	· , ,	25,646.
SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY BUSINESS INCOME (LOSS) FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS  87,42	FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY	
BUSINESS INCOME (LOSS)  FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS  87,42	BUSINESS INCOME (LOS	636.
FORTRESS CREDIT OPPORTUNITIES FUND V (B) LP - ORDINARY BUSINESS INCOME (LOSS	SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY	
BUSINESS INCOME (LOSS		5,550.
		07 400
COTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	DODINED TINCOME (PODD	07,420.
======================================	TOTAL INCLUDED ON SCHEDULE A, PART I. LINE 5	-1,747,092.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Mama		

Employer identification number

	THE COLORADO COLLEGE	84-	84-0402510			
Did	the corporation dispose of any investmer	Yes X No				
	Yes," attach Form 8949 and see its instruc					. ,
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
rou	s form may be easier to complete if you nd off cents to whole dollars.	(g)	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 <b>Box A</b> checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box C</b> checked					
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
	Short-term capital gain or (loss) from like-kind				5	
	Unused capital loss carryover (attach computa		6	1		
		7	1			
É	Net short-term capital gain or (loss). Combine Part II   Long-Term Capital Gain	ns and Losses - Asse	ets Held More Tha	n One Year		<u> </u>
_				1		
See instructions for how to figure the amounts to gai to enter on the lines below.  (d)  (e)  (g) Adjustments to gai or loss from Form(s) 804						(h) Gain or (loss)
to e	nter on the lines below.					(h) Gain or (loss) Subtract column (e) from
to e	nter on the lines below.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the
to e This rou	nter on the lines below. s form may be easier to complete if you nd off cents to whole dollars.	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from
to e This rou	nter on the lines below.	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This roui 8a	Inter on the lines below.  Is form may be easier to complete if you not off cents to whole dollars.  Totals for all long-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	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This roui 8a	Inter on the lines below.  Is form may be easier to complete if you and off cents to whole dollars.  Totals for all long-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 8b	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This roun  8a	Totals for all transactions reported on Form 8949, leave this line 8b.  Totals for all ransactions 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 8b.	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This roun  8a	Inter on the lines below. It is form may be easier to complete if you not off cents to whole dollars.  Totals for all long-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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e This roun 8a  8b	Inter on the lines below.  Is form may be easier to complete if you and off cents to whole dollars.  Totals for all long-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 8b  Totals for all transactions reported on  Form(s) 8949 with Box D checked  Totals for all transactions reported on	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This roun 8a 8b	refer on the lines below.  Is form may be easier to complete if you and off cents to whole dollars.  Totals for all long-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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
8b	Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form 1099-1000 Form(s) 8949 with Box E checked  Totals for all bease to complete if you not 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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked	Proceeds	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the result with column (g)
8b 9	Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all 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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Enter gain from Form 4797, line 7 or 9	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g)
8b 9 10 11 12	Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form (s) 8949 with Box F checked  Totals for all transactions reported on Form (s) 8949 with Box F checked  Totals for all transactions reported on Form(s) 8949 with Box F checked	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g)
8b 9 10 11 12 13	Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all long-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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales  Long-term capital gain or (loss) from like-kind	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
8b 9 10 11 12 13 14	Inter on the lines below.  Is form may be easier to complete if you and off cents to whole dollars.  Totals for all long-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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)  123,797.
8a 8b 9 10 11 12 13 14 15	Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all long-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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales  Long-term capital gain or (loss) from like-kind	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10 11 12 13 14 15	Totals for all long-term transactions reported on Form (s) 8949 with Box E checked  Totals for all transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Long-term capital gain from installment sales  Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in column	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)  123,797.
8a 8b 9 10 11 12 13 14 15 F	Totals for all transactions reported on Form (s) 8949 with Box E checked  Totals for all transactions reported on Form 3099-8 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 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine Part III Summary of Parts I and Enter excess of net short-term capital gain (lire).	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in column I II 10 over net long-term capita	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g)  123,797.
8a 8b 9 10 11 12 13 14 15 F 16 17	Totals for all long-term transactions reported on Form (s) 8949 with Box E checked  Totals for all transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Long-term capital gain from installment sales  Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824 elines 8a through 14 in column i II ne 7) over net long-term capital capital gain (line 15) over net	Cost (or other basis)  7  1 h  I loss (line 15) short-term capital loss (line	or loss from Form(s) 89 Part II, line 2, column  e 7)	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g)  123,797.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2020

Attachment Sequence No. 12A

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

Social security number or taxpayer identification no.

THE COLORADO COLLEGE						84-0	102510
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
see page 1.  Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. O							
If you have more long-term transactions than will	fit on this page for one	or more of the boxes,	, complete as many forn	ns with the same box chec	cked as you ne	ed.	
(D) Long-term transactions rep	•	,		•	Note abo	ove)	
(E) Long-term transactions rep	٠.		_	ported to the IRS			
X (F) Long-term transactions not  (a)	(b)	(c)		(0)	Adjustmen	nt, if any, to gain or	(b)
Description of property	Date acquired	Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	où enter an amount	Gain or (loss)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis See the	column (f)	(g), enter a code in See instructions.	Subtract column (e
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CD&R FUND X WATERWORKS B,						aajaotiiioiit	
LP							63.
DEERFIELD PARTNERS, LP							<4,143.>
EIG ENERGY FUND XIV-A, LP							<4,032.>
EIG ENERGY FUND XV-A, LP							<104,266.>
ENDOWMENT VENTURE PARTNERS							
V, LP							<31.>
WALTON STREET REAL ESTATE							
FUND VI-E, LP							<23,131.>
WALTON STREET REAL ESTATE							
FUND VII-E, LP							16,180.
WALTON STREET REAL ESTATE							
FUND VIII, LP							329,941.
YORKTOWN ENERGY PARTNERS							
XI, LP							<78,018.>
DEERFIELD PRIVATE DESIGN							
FUND III, L.P.							<8,766.>
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to		. , .					
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E	Box F above is ch	necked)					123,797.

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.

Form **8949** (2020)