** Public Inspection Copy **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 👅

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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/ be made public. st information.

OMB No. 1545-0047 g **Open to Public** . Inspection

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►	Go to	ww	w.irs.	gov/Fo	orm	990 for	instructions	and	the la	te
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AI	For the	2019 calendar year, or tax year beginning $JUL 1$, 2019 and e	enaing Ju	JN 30, 2020		
Β	Check if applicable:	C Name of organization		D Employer identifi	cation number	
	Address change	s THE COLORADO COLLEGE				
	Name change		84-0402510			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r		
	Final return/	14 E. CACHE LA POUDRE		719-389-6693		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	342,506,550.	
	Amende return	COLORADO SPRINGS, CO 80903		H(a) Is this a group re	eturn	
	Applica tion	F Name and address of principal officer: NOBERT G. MOORE		for subordinates	? Yes 🗴 No	
	pending	SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)	
J	Website	e: > WWW.COLORADOCOLLEGE.EDU		H(c) Group exemptio	n number 🕨	
		organization: 🕱 Corporation Trust Association Other 🕨	L Year	of formation: 1874	A State of legal domicile: CO	
Pa		Summary				
đ	1 E	Briefly describe the organization's mission or most significant activities: AT COLO	RADO COL	LEGE OUR GOAL IS		
ŭ	1	TO PROVIDE THE FINEST LIBERAL ARTS EDUCATION IN THE COUNTRY.				
Governance	2 (Check this box 🕨 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.	
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			33	
Ō	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			31	
es é	5 1	Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			2734	
viti	6 1	Fotal number of volunteers (estimate if necessary)		6	248	
Activities &	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12			1,048,342.	
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.	
				Prior Year	Current Year	
Ø	8 (Contributions and grants (Part VIII, line 1h)		19,095,879.	66,547,983.	
Revenue	9 F	Program service revenue (Part VIII, line 2g)		151,129,667.	150,148,997.	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		68,486,268.	76,079,038.	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,414,794.	3,586,302.	
	12 7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		243,126,608.	296,362,320.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,037,945.	42,046,644.	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,172,705.	91,118,068.	
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		121,884.	121,884.	
ad x	. ьт	Total fundraising expenses (Part IX, column (D), line 25)				
Ű	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,176,411.	67,030,362.	
	18 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		203,508,945.	200,316,958.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		39,617,663.	96,045,362.	
S OF	6		Be	ginning of Current Year	End of Year	
Net Assets	20 ⊓	Fotal assets (Part X, line 16)		1,166,938,399.	1,232,545,123.	
tAs	21 1	Fotal liabilities (Part X, line 26)		201,077,439.	218,481,490.	
		Net assets or fund balances. Subtract line 21 from line 20		965,860,960.	1,014,063,633.	
Pa	art II	Signature Block				

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

Sign Here	Signature of officer ROBERT G. MOORE, SR. VP FOR FINAN	ICE & ADMIN	Date					
	Type or print name and title							
Paid	Print/Type preparer's name KAREN GRIES	Preparer's signature KAREN GRIES	Date 04/29/21	Check if self-employed	PTIN p00078514			
Preparer	Firm's name CLIFTONLARSONALLEN LLP		Firm	's EIN ▶ 41	-0746749			
Use Only								
	MINNEAPOLIS, MN 55402 Phone no.612-376-4500							
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No		
					000			

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) THE COLORADO COLLEGE t III Statement of Program Service Accomplishments	84-0402510 Page
aı		Σ
	Check if Schedule O contains a response or note to any line in this Part III	L
	Briefly describe the organization's mission: SEE SCHEDULE O	
	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
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
3	revenue, if any, for each program service reported. (Code:) (Expenses \$180,094,093. including grants of \$42,046,644.) (Rev	venue \$ 151,327,826
	TO PROVIDE UNDERGRADUATE AND MASTER-OF-ARTS IN TEACHING DEGREE PROGRAMS	
	TO APPROXIMATELY 2,100 STUDENTS.	
)	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$
	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$
1	Other program services (Describe on Schedule O)	
1	Other program services (Describe on Schedule O.))
1	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 180,094,093.)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
-	If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>
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
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000
b 13	Schedule D, Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

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Part IV Checklist of Required Schedules

	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		2
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		:
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		2
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		2
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		2
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		2
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		2
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
	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		2
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Yes

Х 1

Х 2

Х 4

No

Х

Х

Х

Х

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Pa	t IV Checklist of Required Schedules (continued)			age -
			Vee	No
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	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			
Lou	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	200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFh		x
~~	Schedule L, Part I	25b		- 21
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
24		- 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	1
9E -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		x
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			╷└─┘
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3459			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2734							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	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	Х					
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	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							
	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X				
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g						
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
-	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.	0-						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:							
11	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
D	amounts due or received from them.) 11b							
12a	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	12.0						
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		14a		x				
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O	14b						
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
		-	000	(0010)				

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Check If Schedule Q contains a response or note to any line in this Part VI. Image: Containing Body and Management 1a Enter the number of voling members of the governing body at the end of the tax year. Image: Containing Body and Management 2 Did any officer, director, hunder, or they employee have a finality members, picked of on its 1a, above, who are independent Image: Containing Body,		rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			e
Section A. Governing Body and Management 1a 1a 1a 1a 1a 3a If there are mained differences in voting rights among members of the governing body, at the end of the tax year 1a 3a 1b 3a If there are mained differences in voting rights among members of the governing body. 1b 1b 3a 1c 3a ID day office, direact, trustee, or key employees the a management dores customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dores customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dores customarily performed by or under the direct supervision of the organization have members, stockholders? 5 6 6 ID the organization become aware during the year of a synificant dhwers on the organization's setter? 5 6 6 7 ID the organization have members, stockholders? 7 7 7 7 7 ID the organization have members, stockholders? 7 7 7 7 7 8 ID the organization have members, stockholders, or the powers of subtolice to approxing the organization have black of the oparization netwer matching the organization have black of the oparization netwer matching the organization have black of the organization have black of the organization have black of the organization		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
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SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2)					
8		14 E. CACHE LA POUDRE, COLORADO SPRINGS, CO 80903			
8	932006	6 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(201
30429 131839 011-056626-00 2019.05092 THE COLORADO COLLEGE 011				0.4	1

Form 990 (2	019) THE COLORADO COLLEGE	84-0402510	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated							
	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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer an	Irecto	or/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trus		ee	npen		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee	_	m ploy	st col	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) JILL TIEFENTHALER	40.00									
PRESIDENT		х		х				616,011.	0.	246,231.
(2) MARK HATCH	40.00									
VP FOR ENROLLMENT MANAGEME				х				532,526.	0.	98,386.
(3) ALAN R TOWNSEND	40.00									
PROVOST				Х				378,335.	0.	48,887.
(4) MARK HILLE	40.00									
VP FOR ADVANCEMENT				х				329,508.	0.	70,956.
(5) MICHAEL HAVILAND	40.00									
HEAD HOCKEY COACH						x		353,411.	0.	28,722.
(6) ROBERT MOORE	40.00									
SR VP FIN/ADMIN				X				365,881.	0.	15,778.
(7) BRIAN YOUNG	40.00									
VP FOR IT				Х				284,564.	0.	34,491.
(8) MICHAEL EDMONDS	40.00									
VP FOR STUDENT LIFE				Х				228,013.	0.	60,547.
(9) SANDRA WONG	40.00									
DEAN OF THE COLLEGE				Х				240,241.	0.	27,954.
(10) TIMOTHY FULLER	40.00									
PROFESSOR						X		210,496.	0.	31,818.
(11) JANE TURNIS	40.00									
VP FOR COMMUNICATIONS					Х			183,276.	0.	41,494.
(12) KIM BRADFORD	40.00									
CHIEF OF STAFF	10.00				<u> </u>	X		189,271.	0.	33,446.
(13) MICHAEL GRACE	40.00							104 554	0	
PROFESSOR	10.00					X		194,574.	0.	26,956.
(14) BARBARA WILSON	40.00							100 505	0	07 206
ASSOC. VP FOR ADMIN. SERVI	40.00				X			190,527.	0.	27,386.
(15) CLAIRE GARCIA	40.00			77				100 500	0	07 004
DEAN OF FACULTY	10.00			X				190,508.	0.	27,024.
(16) OWEN C. CRAMER	40.00							105 700	0	21 755
PROFESSOR	1 00				-	X		185,722.	0.	21,755.
(17) SEAN PIERI	1.00							100.000	0.	17 470
VP FOR ADVANCEMENT				X				180,868.	υ.	17,470. Form 990 (2019)
932007 01-20-20										Form ອອບ (2019)

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Form 990 (2019) THE COLORADO	COLLEGE								84-040)251	0	Pa	ige 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition			Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pei	rson i	than c s both	n an	compensation	compensation	ר ו	an	nount c	of
	week	officer and a director/trus					tee)	from	from related			other	
	(list any	director						the	organizations		com	pensat	ion
	hours for	or dir				ted		organization	(W-2/1099-MIS	C)	fr	om the	;
	related	stee o	ruste			ensa		(W-2/1099-MISC)			•	anizati	
	organizations	al tru:	onal t		loyee	e com						d relate	
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
	line)	Ind	Inst	Offi	Key	Hig em	For						
(18) LORIN SEAGER	40.00							155 533				25.0	
ASSOC. VP FOR FINANCE	1 00				х			155,533.		0.		25,9	105.
(19) SUSAN BURGHART	1.00												0
CHAIR	1 00	X		х				0.		0.			0.
(20) JEFF KELLER	1.00												0
VICE-CHAIR	1 00	х		Х				0.		0.			0.
(21) MARC ST JOHN	1.00							0					0
SECRETARY	1 00	X		X	<u> </u>			0.		0.			0.
(22) MARGARET ALLON	1.00												0
TRUSTEE		Х			<u> </u>			0.		0.			0.
(23) SAMUEL BRONFMAN	1.00												•
TRUSTEE	1.00	Х						0.		0.			0.
(24) HEATHER CARROLL	1.00												
TRUSTEE		Х						0.		0.			0.
(25) CAROLYN CULLEN	1.00												•
TRUSTEE		х			<u> </u>			0.		0.			0.
(26) JEROME DEHERRERA	1.00												_
TRUSTEE		Х						0.		0.			0.
1b Subtotal								5,009,265.		0.			286.
c Total from continuation sheets to Part VI	, Section A							0.		0.	-		0.
d Total (add lines 1b and 1c)								5,009,265.		٥.	0. 885,286.		286.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													129
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes	" co	mple	ete S	Sche	dule	.If	for such individual			4	x	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors	piete oeneduit	<u>, , , , , , , , , , , , , , , , , , , </u>	01 00		00/0								
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t													
(A)								(B)			(0)	
Name and business	address							Description of s	ervices	С	ompe	nsatior	1
BON APPETIT MANAGEMENT COMPANY													
2400 YORKMONT ROAD, CHARLOTTE, NC 282	217						þ	FOOD SERVICE			6	200,9	988.
NUNN CONSTRUCTION, INC.													
925 ELKTON DR, COLORADO SPRINGS, CO 8	30907							BUILDINGS SERVICES			5	412,5	571.
SODEXO INC & AFFILIATES													
P.O.BOX 905374, CHARLOTTE, NC 28290								CUSTODIAL SERVICES			3	132,5	585.
JOHNSON LAFFEN GALLOWAY ARCHITECTS													
124 N. 3RD ST, GRAND FORKS, ND 58203								ARCHITECTURAL SERV	ICES		1	990,3	323.
BRADLEY EXCAVATING, INC.												,	
2220 BUSCH AVE, COLORADO SPRINGS, CO	80904							BUILDINGS SERVICES			1	911,2	222.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				8(0							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 (2	.019)

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	heck	all	all that apply)			compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-101130)	organization
	related	ee or	stee			nsate		(112/1000 11100)		and related
	organizations	trust	al tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest com pen sated em ployee	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) JOSIAH ELLIS	1.00									
TRUSTEE		х						0.	0.	0
(28) LISA HASTINGS	1.00									0
TRUSTEE (29) RYAN HAYGOOD	1.00	Х						0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(30) JESSE HORN	1.00	~						· · ·	0.	0
TRUSTEE	1.00	x						0.	0.	0
(31) AMY LOUIS	1.00							- •		
TRUSTEE		х						0.	0.	0
(32) KISHEN MANGAT	1.00									
TRUSTEE		х						0.	Ο.	٥
(33) MANUEL MARTINEZ	1.00									
TRUSTEE		х						0.	0.	0
(34) EBEN MOULTON	1.00									
TRUSTEE		х						0.	0.	0
(35) TAFARI NIA LUMUMBA	1.00									
TRUSTEE		Х						0.	0.	0
(36) NATALIE PHAM	1.00									
		х						0.	0.	0
(37) LIZA MALOTT POHLE	1.00									
TRUSTEE	1.00	х						0.	0.	0
(38) ANTONIO ROSENDO TRUSTEE	1.00	x						0.	0.	0
(39) ROBERT J. ROSS	1.00	^						0.	υ.	0
TRUSTEE	1.00	x						0.	0.	C
(40) JAROD RUTLEDGE	1.00	л						••	••	0
TRUSTEE	1.00	x						0.	0.	0
(41) KYLE SAMUEL	1.00									
TRUSTEE		x						0.	0.	0
(42) MICHAEL B. SLADE	1.00									
TRUSTEE		х						0.	Ο.	0
(43) ANDY STENOVEC	1.00									
TRUSTEE		х						0.	Ο.	C
(44) PHILIP SWAN	1.00									
IRUSTEE		х						0.	0.	۵
(45) BRIAN THOMSON	1.00	1								
TRUSTEE		х						0.	0.	C
(46) JOHN TROUBH	1.00	4								
TRUSTEE		Х						0.	Ο.	0

Form 990 THE COLORADO	84-0402510									
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (· · ·	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		Iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee 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
(47) THAYER TUTT JR TRUSTEE	1.00	x						0.	0.	0.
(48) LAUREN WATEL TRUSTEE	1.00	x						0.	0.	0.
(49) LILY WEISSGOLD	1.00									
STUDENT TRUSTEE	1.00	X						0.	0.	0
(50) JOHN WOLD TRUSTEE	1.00	x						0.	0.	0
Total to Part VII, Section A, line 1c										

932201 04-01-19

ar	t VII	Statement of Rev	ven	lue						_
		Check if Schedule O o	conta	ains a respons	e or n	note to any line		(P)	(C)	
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
IUN		Membership dues								
	с	Fundraising events								
ar A		Related organizations								
and Other Similar Amounts		Government grants (contri			1	L,798,438.				
ō	f	All other contributions, gifts,	gran	ts, and						
rne		similar amounts not included	abov	/e 1f	64	1,749,545.				
D	g	Noncash contributions included in	lines [·]	1a-1f 1g \$	37	7,177,621.				
an	h	Total. Add lines 1a-1f			<u></u>	🕨	66,547,983.			
						usiness Code				
	2 a					511310	128,565,551.	, ,		
Ð	b	AUXILIARY ENTERPRIS	ES			511310	17,448,577.	17,448,577.		
hevenue	С	TICKET SALES				13990	1,735,399.	1,735,399.		
lev	d	HEALTH SERVICES/FEE	S/I			524114	1,180,380.			1,180,3
٦	•	ATHLETIC REVENUE				511310	903,206.	840,817.		62,3
		All other program service			•	511310	315,884.	56,305.		259,5
+							150,148,997.			
	3	Investment income (includ	•				05 004 650		405 010	00 000 4
		other similar amounts)					27,294,659.		487,219.	26,807,4
	4	Income from investment o		•	•	eeds 🕨				
	5	Royalties		(i) Real		ii) Personal				
	•				· ·	ii) Personal				
		Gross rents		45 45 6						
		Less: rental expenses	6b	10.001						
		Rental income or (loss)	<u>6c</u>				-10,091.			-10,0
		Net rental income or (loss))	(i) Securities		(ii) Other	-10,091.			-10,0
	/а	Gross amount from sales of assets other than inventory	7-	94,907,985		5,448.				
	Ь	Less: cost or other basis	7 a	51,507,503		5,110.				
	D	and sales expenses	7h	41,371,418	3. 4	1 757 636.				
	~	Gain or (loss)		53,536,567						
		Net gain or (loss)				<u>,,,,,,,,</u>	48,784,379.			48,784,3
		Gross income from fundraisin			·····	····· •	, , , .			- / /
	υu	including \$	ig ov	of						
		contributions reported on	line							
		Part IV, line 18		, I	Ba					
	b	Less: direct expenses			3b					
		Net income or (loss) from				►				
		Gross income from gamin				F				
		Part IV, line 19	-)a					
	b	Less: direct expenses)b					
		Net income or (loss) from			<u></u>					
		Gross sales of inventory, I		-						
		and allowances			0a					
	b	Less: cost of goods sold			0b					
		Net income or (loss) from								
ſ					Вι	usiness Code				
Ð	11 a	OTHER REVENUE			6	511710	2,885,642.	2,681,177.	204,465.	
Shu(b	CHILDCARE CENTER			6	511710	604,243.		356,658.	247,5
Hevenue	с	INSURANCE PROCEEDS			6	511710	106,508.			106,5
٢	d	All other revenue								
						>	3,596,393.			
		Total revenue. See instruction					296,362,320.	151,327,826.	1,048,342.	77,438,1

2019.05092 THE COLORADO COLLEGE 011-0561

Form 990 (2019) THE COLORADO COLLEGE
Part IX Statement of Functional Expenses

84-0402510 Page **10** - 11 -- 1. All - +|-. ..

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
\mathcal{O}

Check if Schedule O contains a respons	e or note to any line in t	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	42,046,644.	42,046,644.		
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	4,576,776.	1,596,336.	2,326,577.	653,863
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	290,089.	176,819.	22,654.	90,616
7 Other salaries and wages	65,213,922.	58,926,448.	3,235,432.	3,052,042
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	5,811,129.	4,816,192.	680,687.	314,250
9 Other employee benefits	10,675,970.	8,594,172.	1,574,914.	506,884
10 Payroll taxes	4,550,182.	4,117,005.	168,427.	264,750
11 Fees for services (nonemployees):				
a Management				
b Legal	335,793.	16,553.	319,240.	
c Accounting	120,741.		120,741.	
d Lobbying	28,295.		28,295.	
e Professional fundraising services. See Part IV, line 17	121,884.			121,884
f Investment management fees	1,652,538.		1,652,538.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	12,382,601.	11,026,212.	1,228,548.	127,841
12 Advertising and promotion	566,092.	456,555.	75,011.	34,526
13 Office expenses	6,654,983.	6,351,785.	10,632.	292,566
14 Information technology	1,463,396.	1,447,339.	6,443.	9,614
15 Royalties	1,018,587.	710,177.	83,593.	224,817
16 Occupancy	2,954,071.	2,923,871.	28,430.	1,770
17 Travel	5,846,432.	5,451,160.	133,113.	262,159
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	396,022.	345,871.	19,548.	30,603
20 Interest	6,342,975.	5,695,868.	647,107.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,116,469.	1,405,904.	710,565.	
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 O.)				
a OTHER EQUIPMENT	10,093,386.	10,083,568.	8,960.	858
b FOOD SERVICE	5,676,057.	5,612,510.	62,434.	1,113
c REPAIRS & MAINTENANCE	3,325,242.	3,241,471.	63,384.	20,387
d OFFICIAL FUNCTIONS	2,321,779.	1,855,673.	236,334.	229,772
e All other expenses	3,734,903.	3,195,960.	445,816.	93,127
25 Total functional expenses. Add lines 1 through 24e	200,316,958.	180,094,093.	13,889,423.	6,333,442
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)				
				Form 990 (2019

THE COLORADO COLLEGE

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	20,824,235.	1	13,154,612		
	2	Savings and temporary cash investments			37,129,776.	2	57,831,862
	3	Pledges and grants receivable, net	24,111,823.	3	29,467,74		
	4	Accounts receivable, net	1,853,313.	4	3,161,86		
	5	Loans and other receivables from any current or f	ormer offi	cer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described i		6			
2	7	Notes and loans receivable, net	1,975,000.	7	135,00		
499619	8	Inventories for sale or use	682,820.	8	714,71		
ξ	9	Prepaid expenses and deferred charges			1,782,211.	9	1,890,32
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	448,776,209.			
	b	Less: accumulated depreciation	265,964,538.	10c	307,585,96		
	11	Investments - publicly traded securities			367,616,717.	11	396,315,46
	12	Investments - other securities. See Part IV, line 11			441,342,764.	12	419,984,84
	13	Investments - program-related. See Part IV, line 1	2,950,295.	13	2,153,05		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	704,907.	15	149,66		
	16	Total assets. Add lines 1 through 15 (must equal		1,166,938,399.	16	1,232,545,12	
	17	Accounts payable and accrued expenses		13,720,076.	17	20,305,25	
	18	Grants payable	3,107,294.	18	1,899,85		
	19	Deferred revenue		1,349,043.	19	2,696,13	
	20	Tax-exempt bond liabilities		57,155,133.	20	68,792,62	
	21	Escrow or custodial account liability. Complete Pa	art IV of S	chedule D	5,327,767.	21	5,649,12
	22	Loans and other payables to any current or forme	er officer, o	director,			
		trustee, key employee, creator or founder, substa	ntial cont	ributor, or 35%			
		controlled entity or family member of any of these	persons			22	
Ĭ	23	Secured mortgages and notes payable to unrelate		18,587.	23	7,43	
	24	Unsecured notes and loans payable to unrelated	third parti	es	109,694,430.	24	109,705,74
	25	Other liabilities (including federal income tax, paya	ables to re	elated third			
		parties, and other liabilities not included on lines					
		of Schedule D			10,705,109.	25	9,425,31
	26	Total liabilities. Add lines 17 through 25			201,077,439.	26	218,481,49
		Organizations that follow FASB ASC 958, chec	k here 🌗	X			
ß		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			294,421,275.	27	325,101,63
	28	Net assets with donor restrictions			671,439,685.	28	688,962,00
2		Organizations that do not follow FASB ASC 95					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equ				30	
Ϋ́	31	Retained earnings, endowment, accumulated inco				31	
	32	Total net assets or fund balances			965,860,960.	32	1,014,063,63
	33	Total liabilities and net assets/fund balances			1,166,938,399.	33	1,232,545,12

Form 990 (2019)

Form	1990 (2019) THE COLORADO COLLEGE	84-0402	510	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	296,	,362,	320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	200,	,316,	958.
3	Revenue less expenses. Subtract line 2 from line 1	3	96,	,045,	362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	965,	,860,	960.
5	Net unrealized gains (losses) on investments	5	-50,	,223,	187.
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	2 ,	,380,	498.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,014,	,063,	633.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a			2a		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			х	
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	Dasis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
-		oudit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
38		yı c Audıt	3a	x	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	Ja		
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	
	ידי מעמונס, פאסומות איזיץ טון סטווטעמוט ט מוע ענסטווטט מוץ שנבטי נמגבון נט מועבועט שעוו מעמונס				(2010)

Form **990** (2019)

SCI	HED	UL	Ε.	Α
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047	
2019	

Depa	rtment o	f the Treasury		49- •	Open to Public					
Interr	al Rever	nue Service			/Form990 for instruction			nformation.		Inspection
Nan	ne of t	the organizati	on						Employer	identification number
				LORADO COLLEGE						84-0402510
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2	X	A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		•	•		anization described in se			•		
4		A medical res	-	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par	-				
9		-	-		in section 170(b)(1)(A)(-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its sup					
					ct to certain exceptions,					•
					(less section 511 tax) fro	om busines	sses acqui	rea by the org	janization a	Inter June 30, 1975.
11				mplete Part III.)	ively to test for public sa	foty Soo	coction 5(O(a)(4)		
12	\square	-	-	-	ively for the benefit of, to	-			rny out the	nurnoses of one or
12					ed in section 509(a)(1)					
				-	f supporting organization					
a		7	•	• •	upervised, or controlled		-		-	aivina
-					gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		, ,				
b		¬ -		-	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or n	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its supporte	ed organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	vintegrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		,	0 /	51	nally integrated supporti	ng organiz	ation.			
f		er the number	••	•						
<u> </u>		vide the followi i) Name of supp		about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	fmonetan	(vi) Amount of other
	,	organization			(described on lines 1-10	in your govern	ing document?	support (see ii	-	support (see instructions)
					above (see instructions))	Yes	No		,	
Tota										
100	A 1							1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 17

Schedule A (Form 990 or 990-EZ) 2019 THE COLORADO COLLEGE

84-0402510

Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,067,883.	29,596,358.	19,785,220.	19,095,879.	66,547,983.	162,093,323.
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 \dots						
4	Total. Add lines 1 through 3	27,067,883.	29,596,358.	19,785,220.	19,095,879.	66,547,983.	162,093,323.
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)						4,415,456.
6	Public support. Subtract line 5 from line 4.						157,677,867.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	27,067,883.	29,596,358.	19,785,220.	19,095,879.	66,547,983.	162,093,323.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	37,555,360.	32,402,627.	19,613,705.	39,410,878.	27,299,744.	156,282,314.
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.)	1,084,919.	1,560,008.	1,256,727.	3,914,636.	3,035,270.	10,851,560.
11	Total support. Add lines 7 through 10			· ·	· · ·		329,227,197.
12		etc. (see instructic	uns)			12	710,607,958.
	First five years. If the Form 990 is for	,	,	d. fourth. or fifth ta	x vear as a sectior		· · ·
	organization, check this box and stor	o here			•		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	47.89 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	40.64 %
	1 33 1/3% support test - 2019. If the o					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
k	33 1/3% support test - 2018. If the o	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
k	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-			
	· · · · · · · · · · · · · · · · · · ·					dule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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 57a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) oi	ganization,
check this box and stop here	<u></u>					
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2018 Investment income percentage from		'			17 18	<u> </u>
19a 33 1/3% support tests - 2019. If the			on line 14 and lin		<u> </u>	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
932023 09-25-19			,, e.e., e.e., e.e.			rm 990 or 990-EZ) 2019
		19)	501		

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 disgualified 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 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.)

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10a		
10b		

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> No Yes

Schedule A (Form 990 or 990-EZ) 2019

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			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 (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	aon D. Type Toupporting Organizations		Vee	Ne
4	Did the diverters twisters as membership of one as more supported exercitations have the neurosta		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,	•		
6 00	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	alon C. Type in Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	aon D. An Type in Supporting Organizations		V.	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	-		
6 00	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0 ==`	0040
932025	5 09-25-19 Schedule A (Form 990 21	u or 99	U-EZ)	2019
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Schedule A (Form 990	or 990-F7) 2019	THE	COLORADO	COLLEGE
Ochedule A	0000	01 000 LZ	12010			

rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Orgar	nizations	84-0402510 Page 6
			Part VI). See instructions. A
	•		
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	If V Type III Non-Functionally Integrated 509(a)(3) Supporting other Type III non-functionally integrated supporting organizations must conter Type III non-functionally integrated supporting organizations must conter Type III non-functionally integrated supporting organizations must conter Type III non-functionally integrated supporting organizations must content Type III non-functionally integrated supporting organizations must content Type III non-functionally integrated supporting organizations must content to the Type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functionally integrated supporting organizations must content to the type III non-functional to the type IIII non-functional to thetype IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 2 Subtract line 2 from line 10. 2 Obcount claimed for blockage or other 1 factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 10. 3	IT Vpe III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. ition A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 6 0 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ton B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a . Average monthly value of socurities 1a . . Average disting value of other on-exempt-use assets 1c . . Fair market value of other on-exempt-use assets 2 . . <tr< td=""></tr<>

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

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	Fage I
Sect	ion D - Distributions		(*************	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CHILDCARE CENTER
2015 AMOUNT: \$ 475,825.
2016 AMOUNT: \$ 510,840.
2017 AMOUNT: \$ 490,394.
2018 AMOUNT: \$ 540,081.
2019 AMOUNT: \$ 247,585.
OTHER REVENUE
2015 AMOUNT: \$ 603,299.
2016 AMOUNT: \$ 1,049,168.
2017 AMOUNT: \$ 766,333.
2018 AMOUNT: \$ 3,374,555.
2019 AMOUNT: \$ 2,681,177.
INSURANCE PROCEEDS
2015 AMOUNT: \$ 5,795.
2019 AMOUNT: \$ 106,508.
932028 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

2019

Employer identification number

THE COLORADO COLLEGE	84-0402510
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, II, and III.

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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE COLORADO COLLEGE

84-0402510

Part I	Contributors (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 ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,007,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

19120429 131839 011-056626-00

2019.05092 THE COLORADO COLLEGE

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I MUSEUM BUILDING, REAL ESTATE, AND ART COLLECTION 6 33,460,000. 06/30/20 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 923453 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

19120429 131839 011-056626-00

2019.05092 THE COLORADO COLLEGE

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Page **4**

011-0561

ame of orç	ganization		Employer identification number			
HE COLOF	RADO COLLEGE		84-0402510			
Part III	from any one contributor. Complete columns (a) through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) > \$			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
			<u> </u>			
		(e) Transfer of gift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(2)		(*,			
		(e) Transfer of gift				
Ļ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	((-, 3	(
		(e) Transfer of gift				
	Transferee's name address a	ne, address, and ZIP + 4 Relationship of transferor to transferee				
-						

2019.05092 THE COLORADO COLLEGE

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

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 	
---	--

Nar	me of organization			Emple	oyer identification	on number
		RADO COLLEGE			84-040251	0
Pa	art I-A Complete if the	organization is exempt und	er section 501(c)	or is a section 527 org	ganization.	
1	Provide a description of the org	anization's direct and indirect politic	al campaign activities i	n Part IV.		
2	Political campaign activity expe	nditures		▶\$		0.
3	Volunteer hours for political can	paign activities				0.
				~ }		
		organization is exempt und				
1	-	tax incurred by the organization unc		▶\$		0.
2						0.
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720	for this year?		Yes	No No
4	a Was a correction made?				Yes	No No
_	b If "Yes," describe in Part IV.	· · · · · ·				
Pa	art I-C Complete if the	organization is exempt und	er section 501(c),	except section 501(c))(3).	
1	Enter the amount directly exper	ded by the filing organization for se	ction 527 exempt funct	ion activities		
2	Enter the amount of the filing or	ganization's funds contributed to ot	her organizations for se	ection 527		
	exempt function activities			▶\$		
3	Total exempt function expenditu	ures. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
	line 17b			▶\$		
4	Did the filing organization file Fo	rm 1120-POL for this year?			Yes	No No
5	Enter the names, addresses and	employer identification number (El	N) of all section 527 po	litical organizations to which	the filing organiz	zation
	made payments. For each organ	nization listed, enter the amount pai	d from the filing organiz	ation's funds. Also enter the	e amount of politi	cal
		e promptly and directly delivered to a	· · ·	<i>'</i>	e segregated fund	d or a
	political action committee (PAC	. If additional space is needed, prov	vide information in Part	IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount o	
				filing organization's	contributions re	
				funds. If none, enter -0	promptly and delivered to a	
					political orga	
					If none, en	ter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019

932041 11-26-19

LHA

Schedule C (For	m 990 or 990-EZ) 2	2019 THE	COLORADO	COLLEGE

Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ection under
A Check if the filing organiza	tion belongs to an affi re of excess lobbying e	• • •	Part IV each affiliated	group member's name	e, address, EIN,
B Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure		\ \			
f_Lobbying nontaxable amount. Ente	er the amount from the				
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,5	· · · · · · · · · · · · · · · · · · ·	00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		0 plus 5% of the exces			
Over \$17,000,000	\$1,000,0				
0101 \$11,000,000	φ1,000,				
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					
reporting section 4911 tax for this				٦	Yes No
		eraging Period Under			
(Some organizations tl			.,	of the five columns be	elow.
		ate instructions for lir			
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

f Grassroots lobbying expenditures

Page 3

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(k)
of the lobbying activity.	,	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence	e foreign, national, state, or				
local legislation, including any attempt to influence public opir	ion on a legislative matter				
or referendum, through the use of:					
a Volunteers?			X		
b Paid staff or management (include compensation in expenses	reported on lines 1c through 1i)?		X		
c Media advertisements?			Х		
d Mailings to members, legislators, or the public?			Х		
e Publications, or published or broadcast statements?			Х		
			Х		
g Direct contact with legislators, their staffs, government official		Х			28,295.
h Rallies, demonstrations, seminars, conventions, speeches, lec	tures, or any similar means?		X		
i Other activities?			X		
j Total. Add lines 1c through 1i					28,295.
2a Did the activities in line 1 cause the organization to be not des	· · · · · · · · · · · · · · · · ·		X		
b If "Yes," enter the amount of any tax incurred under section 4					
c If "Yes," enter the amount of any tax incurred by organization					
d If the filing organization incurred a section 4912 tax, did it file Part III-A Complete if the organization is exempted	Form 4720 for this year?	501(0)(5		tion	
501(c)(6).		501(5)(5	<i>,</i> 01 Sec		
				Yes	No
1 Were substantially all (90% or more) dues received nondeduct	ible by members?		1		
2 Did the organization make only in-house lobbying expenditure	s of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political					
Part III-B Complete if the organization is exempt					
501(c)(6) and if either (a) BOTH Part III-A answered "Yes."	, lines 1 and 2, are answered "	NO" OR ((b) Part I	II-A, line	3, is
			4		
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditu expenses for which the section 527(f) tax was paid).	res (do not include amounts of politica	1 1			
			0.0		
a Current year					
b Carryover from last year c Total					
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of 					
 4 If notices were sent and the amount on line 2c exceeds the ar 					
does the organization agree to carryover to the reasonable est					
		litical	4		
5 Taxable amount of lobbying and political expenditures (see ins	structions)				
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4;	Part I-C. line 5: Part II-A (affiliated group li	st): Part II-/	A. lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any ac		,,	,	,	
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
COLORADO COLLEGE IS ONE OF THREE MEMBERS OF INDEPE	NDENT HIGHER				
EDUCATION OF COLORADO. THE PRIMARY PURPOSE OF THE	ORGANIZATION IS TO				
REPRESENT THE VIEWS OF THE PRIVATE HIGHER EDUCATIO	N SECTOR AT THE STATE				
CAPITOL AND AT THE COLORADO COMMISSION ON HIGHER E	DUCATION.				

932043 11-26-19

SCHEDULE D

Department of the Treasury

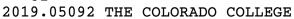
Internal Revenue Service

(Form	990)
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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.



Nam	e of the organization THE COLORADO COLLEGE	En	ıployeı	r identificat 84-04025	ion number
Pa			nts		
	organization answered "Yes" on Form 990, Part IV, line 6.			Complete II	
	(a) Donor advised funds	(b) Fu	nds ar	d other acc	ounts
1	Total number at end of year	()			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nde			
Ŭ	are the organization's property, subject to the organization's exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used				
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe				
	impermissible private benefit?	•		Yes	No
Pa		V. line 7	<u></u>		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	-,	-		
•	Preservation of land for public use (for example, recreation or education) Preservation of a his	toricall	v impo	rtant land a	rea
	Protection of natural habitat				ou
	Preservation of open space		1010110	ondotaro	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onserv	ation e	asement on	the last
-	day of the tax year.				the Tax Year
а	Total number of conservation easements	2a	1		
b	Total acreage restricted by conservation easements		1		
c	Number of conservation easements on a certified historic structure included in (a)		1		
d			1		
	listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga		u durin	a the tax	
-	year ►			5	
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
•	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation				
•	•			j	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	aseme	nts dur	ing the vear	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(3)(i)			
	and section 170(h)(4)(B)(ii)?	,.,		Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t			the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simila	ar As	sets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance s	sheet v	vorks	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of	public	:	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	ce shee	t work	s of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of pu	ublic se	ervice,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		0.
	(ii) Assets included in Form 990, Part X		\$		0.
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain		ie		
	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1	►	\$		0.
	Assets included in Form 990, Part X		\$		0.
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sche	dule D (For	m 990) 2019
	1 10-02-19			-	-
	32				



Sche	dule D (Form 990) 2019 THE COLORAI	DO COLLEGE				84-0402	2510	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar	· Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	ise of its		,
	collection items (check all that apply):							
а	X Public exhibition	d	X Loan or exc	hange program				
b	X Scholarly research	е		0.0				
с	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpos	se in Part)	XIII.	
5	During the year, did the organization solicit o	-	•	-				
-	to be sold to raise funds rather than to be ma						Yes	X No
Pa	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai		ste in the english			, . . ,		
1a	Is the organization an agent, trustee, custodi		any for contributions	s or other assets no	tincluded			
iu	on Form 990, Part X?						Yes	X No
h	If "Yes," explain the arrangement in Part XIII					∟] 163	
U		and complete the los	iowing table.				Amount	
							Amount	
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance					37	1	
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	X	Yes	No No
Pa	If "Yes," explain the arrangement in Part XIII.							X
Fai	t V Endowment Funds. Complete i					[
		(a) Current year	(b) Prior year	(c) Two years back				years back
1a	Beginning of year balance	771,923,962.	735,920,222.	717,910,203		05,686.		990,390.
b	Contributions	15,774,040.	4,016,681.	, ,		15,791.		563,380.
С	Net investment earnings, gains, and losses	30,219,897.	65,580,670.	, ,		94,180.		682,111.
d	Grants or scholarships	12,585,511.	12,160,701.	11,691,595	. 10,7	21,309.	10,	108,562.
е	Other expenditures for facilities							
	and programs	24,162,903.	21,432,910.	20,638,901	. 19,9	84,145.	16,	657,411.
f	Administrative expenses	1,652,538.						
g	End of year balance	779,516,947.	771,923,962.	735,920,222	. 717,93	10,203.	660,	105,686.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	22.00	_%					
b	Permanent endowment > 23.00	%						
с	Term endowment 55.00	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the organiza	ition		
	by:	0			0		Γ	Yes No
	(i) Unrelated organizations						3a(i)	х
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the						0.0	
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	(line 10			
	Description of property	(a) Cost or o			Accumulate	d	(d) Book	
	Description of property	basis (investr	• • •		lepreciation			value
10	Land	`	,	,723,459.	- p. colution		11	723,459.
	Land			,984,500.	114,303,	657	,	<u>680,843.</u>
	Buildings			, , , , , , , , , , , , , , , , , , , ,	····, 505,		24J,	,04
	Leasehold improvements			126.260	16 252	007	0	002 462
	Equipment			,136,369.	16,253,			882,462.
	Other			,931,881.	10,632,	voz.	,	299,199.
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part J	X, column (B), line 1	0 <u>c.)</u>				585,963.
					:	Schedule	D (Form	1 990) 2019

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN PERPETUAL		
(B) TRUSTS	34,447,010.	END-OF-YEAR MARKET VALUE
(C) PRIVATE CAPITAL INVESTMENTS	121,817,673.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	263,720,158.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	419,984,841.	

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	521,593
(3) ANNUITIES PAYABLE	1,073,688
(4) OTHER LIFE INCOME FUNDS	2,647,563
(5) ASSET RETIREMENT OBLIGATION	3,652,512
(6) OTHER POST RETIREMENT BENEFIT PLAN PAYABLE	619,959
(7) CC-FAC DEBT	860,000
(8) QUAD PARTNERSHIP DEBT	50,000
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 THE COLORADO COLLEGE			84-04	02510	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements	s With	Revenue per Re ⁻	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	210,8	54,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-50,223,187.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	7,117,510.			
е	Add lines 2a through 2d			2e	-43,1	05,677.
3	Subtract line 2e from line 1			3	253,9	59,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,652,538.			
b	Other (Describe in Part XIII.)	4b	40,749,836.			
с	Add lines 4a and 4b			4c	42,4	02,374.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5		62,320.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ts With	Expenses per F	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	162,6	51,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	4,737,011.			
е	Add lines 2a through 2d			2e	4,7	37,011.
3	Subtract line 2e from line 1			3	157,9	14,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,652,538.			
b	Other (Describe in Part XIII.)	4b	40,749,836.			
с	Add lines 4a and 4b			4c	42,4	02,374.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	200,3	16,958.
Pa	t XIII Supplemental Information.					
Duant	de the descriptions required for Dert II, lines 2, 5, and 0; Dert III, lines 1, and 4; Dert IV,	lines 1 h	and Oh: Dort V line 4			~1

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

PART III, LINE 4:

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

NOT CAPITALIZED BECAUSE THE ITEMS ARE PRESERVED AND CARED FOR

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

ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS AND AS NET ASSETS

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

RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION

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

OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS

INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

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

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Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

COLLEGE ARCHIVE OF INSTITUTIONALLY SIGNIFICANT TREASURES, AND LIBRARY

COLLECTIONS TO ENHANCE THE INSTITUTIONAL CATALOG. THE FINE ARTS CENTER'S

MUSEUM INCLUDES A PERMANENT COLLECTION OF OVER 20,000 OBJECTS THAT

SHOWCASE THE HISTORY AND CULTURES OF THE SOUTHWEST AND AMERICAS. THE

COLLECTION CONTAINS WORKS OF ART FROM NATIVE AMERICAN, HISPANIC AND

SPANISH COLONIAL PERIODS AS WELL AS 20TH CENTURY AMERICAN ART, ALL USED TO

ENHANCE CLASSROOM AND COMMUNITY EXPERIENCES.

PART IV, LINE 2B:

THE COLLEGE HOLDS VARIOUS FUNDS IN A FIDUCIARY CAPACITY FOR ORGANIZATIONS

OF THE COLLEGE, SUCH AS CLASSES AND CLUBS. THESE ORGANIZATIONS RAISE FUNDS

IN THEIR OWN CAPACITIES AND EXPEND THE FUNDS ON THEIR ORGANIZATION'S

BEHALF. THE REVENUES AND EXPENSES OF THESE ORGANIZATIONS ARE NOT INCLUDED

IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART V, LINE 4:

COLORADO COLLEGE'S ENDOWMENT IS ADMINISTERED IN A MANNER CONSISTENT WITH

DONOR RESTRICTIONS AND WITH THE GOAL OF MEETING THE EDUCATIONAL MISSION OF

TODAY AS WELL AS IN PERPETUITY. THE COLLEGE HAS ADOPTED INVESTMENT AND

SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A

PREDICTABLE STREAM OF FUNDING FOR CURRENT PROGRAMS AND OPERATIONS WHILE

SEEKING TO MAINTAIN THE PURCHASING POWER.

PART X, LINE 2:

THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION

501(C)(3)OF THE INTERNAL REVENUE CODE. THE COLLEGE IS SUBJECT TO FEDERAL

INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF

SECTION 501(C)(3)OF INTERNAL REVENUE CODE.

932055 10-02-19

			ioonunae	<u>, u</u>
Part XIII	Supplemental Information (c			d)
	(Form 990) 2019		COLORADO	

THE COLLEGE HAS ADOPTED THE REQUIREMENTS RELATED TO ACCOUNTS	JNTING FOR	
INCERTAIN TAX POSITIONS. THE COLLEGE EVALUATED ITS TAX PO	OSITIONS AND	
DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE	30, 2020 AND 2019.	
THE COLLEGE'S 2015 THROUGH 2018 TAX YEARS ARE OPEN FOR EX		
FEDERAL AND STATE TAXING AUTHORITIES.		
EDERAL AND STATE TRAING AUTIONTITES.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
	2,380,498.	
	4,752,188.	
	-15,176.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,117,510.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
	40,749,836.	
	,	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE	4,752,188.	
RENTAL EXPENSES NETTED AGAINST REVENUE	-15,177.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,737,011.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE	40,749,836.	
		Schedule D (Form 990) 2

21030429 131839 011-056626-00

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

Inspection

 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.

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? х 1 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 Х THE COLLEGE'S NON-DISCRIMINATION POLICY IS PUBLISHED IN ALL PRINTED REGISTRATION AND ADMISSION MATERIALS DISTRIBUTED TO STUDENTS WHO ARE SOLICITED FOR ENROLLMENT IN THE COLLEGE'S DEGREE PROGRAMS. THE COLLEGE CONTINUOUSLY MONITORS THIS POLICY. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? х 4a Х 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student С admissions, programs, and scholarships? х 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5 a Students' rights or privileges? Х 5a Х Admissions policies? 5b b Х c Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? х d 5d Х Educational policies? 5e е х 5f f Use of facilities? Х g Athletic programs? 5g х Other extracurricular activities? h 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? Х 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) 2019

932061 10-09-19

chedule E (Form 990 or 9	90-EZ) 2019 THE COLORADO COLLEGE	3		84-0402510	Page 2
Part II Suppleme	ntal Information. Provide the explain	nations required by Par	rt I, lines 3, 4d, 5h, 6	b, and 7, as applicable.	
Also provide	any other additional information.				
	I OF COVERNMENT FINANCIAL ATD.				
NE 6 - EXPLANATIO	N OF GOVERNMENT FINANCIAL AID:				
LORADO COLLEGE RE	CEIVES GOVERNMENT FUNDING FOR H	FINANCIAL AID FOR	THEIR		
JDENTS. IN ADDITI	ON THE COLLEGE RECEIVES FEDERAL	L AND STATE FUNDI	NG FOR		
SEARCH IN THE FOR	1 OF GRANTS.				
62 10-09-19				Schedule E (Form 990 or 9	90-EZ) 2019
100 101000		39	miim		
429 IJI839 (011-056626-00	2019.05092	THE COLORA	DO COLLEGE	011-0

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932071 10-12-19

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.

0 Inspection Employer identification number

84-0402510

Name of the organization

THE COLORADO COLLEGE

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? YesL

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	(The following Part I, line 3 table can be duplicated if additional space is need	ded.)

(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	650,543.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	32,460.
SOUTH AMERICA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	348,328.
SOUTH ASIA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	5,354.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	39,890.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	275,533.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	2,905.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS (BOOK VALUE)	N/A	247,141,470. 248,496,483.
3 a Subtotal b Total from continuation sheets to Part I	0	0			11,045,066.
c Totals (add lines 3a and 3b)	0	0			259,541,549.

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

Schedule F (Form 990) 2019

011-0561

OMB No. 1545-0047	
2019	
pen to Public	

No

SCHEDULE F (Form 990)

Department of the Treasury	
Internal Revenue Service	

Schedule F (Form 990) Part I Continuation	THE COLORADO		• (Schedule F (Form 990), Part I, line 3	84-0402510	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS (FEES)	N/A	4,130,039
				N/A	4,130,03.
EUROPE	0	0	INVESTMENTS (BOOK VALUE)	N/A	6,759,000
UROPE	0	0	INVESTMENTS (FEES)	N/A	135,180
NORTH AFRICA - ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	500
NORTH AMERICA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	20,347
Totals					11,045,06

932181 04-01-19

3 Enter total number of other organizations or entities

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

(d) Purpose of

grant

Schedule F (Form 990) 2019

(a) Name of organization

1

THE COLORADO COLLEGE

(c) Region

(b) IRS code section

and EIN (if applicable)

84 - 0402510

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

... 🕨

Schedule F (Form 990) 2019

THE COLORADO COLLEGE Schedule F (Form 990) 2019 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement assistance

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Schedule F (Form 990) 2019

(h) Method of valuation (book, FMV, appraisal, other)

(g) Description of

noncash assistance

84-0402510

noncash

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

932074 10-12-19

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE COLLEGE AWARDED NO GRANT FUNDS OUTSIDE OF THE U.S. IN THE CURRENT

REPORTING PERIOD.

PART I, LINE 3:

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

Schedule F (Form 990) 2019

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$ ⁻				r 19,	or if the	2019
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for inst	ruction	s and	the latest information	on.		Inspection
Name of the organization	1						Employer ide	ntification number
	THE COLORA						84-040251	
	ing Activities. complete this par	 Complete if the organization answ t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person sol 2 a Did the organization 	ions email solicitations tations licitations n have a written c		ation of ation of al fundra	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus	tees	, or X Yes	s 🗌 No
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) purse organization.	uant to	agree	ments under which th	ne fu	ndraiser is to be	9
(i) Name and address or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
ALUMINATE - 820 W	JACKSON		Yes	No				
BLVD, CHICAGO, IL	60607	CONSULTING AND RESEARCH		X	0.		10,000.	٥.
RONALD VANDEN DORP	EL - 194							
PLEASANT ST, RUMFO	RD, RI	CAMPAIGN COUNSEL		x	0.		4,000.	0.
Total							14,000.	
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from re	gistration
AK, KY, MA, MD, MI, NV, I	NH, NY, ND, OH, O	K,OR,SC,WA,WI,AL,AR,CA,CT,	DC,FL	, GA , H	I,IL,KS			
LA ME MN MO NJ NM I	NC PART TN U	T VA WV MS CO		-				

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932081 09-11-19

_	irt l	.	he organization answered		IV, line 18, or reported	
		of fundraising event contributions and g	(a) Event #1	-EZ, lines 1 and 6b. List e (b) Event #2	vents with gross receip (c) Other events	ts greater than \$5,000. (d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Revenue					, , , , , , , , , , , , , , , , , , ,	
Ř	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Newsonk prime				
20	5	Noncash prizes				
<u>Direct Expenses</u>	6	Rent/facility costs				
L L	7	Food and beverages				
ם ב		· · · · · · · · · · · · · · · · · · ·				
	8	Entertainment				
	9	Other direct expenses				
1						
		Net income summary. Subtract line 10 from			>	
'a		Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)		►	
	11	Net income summary. Subtract line 10 from	line 3, column (d)		►	
T	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
aniavau	11 art 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad col. (a) through col. (
	11 art I 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
es neverue	11 art I 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
DIrect Expenses Revenue	11 art I 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
es neverue	11 art I 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
	11 rrt 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	col. (a) through col. (
	11 11 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	col. (a) through col. (
	11 rrt 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	col. (a) through col. (

b If "No," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

No

Sch	edule G (Form 990 or 990-EZ) 2019 THE COLORADO COLLEGE 8	4-0402510	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 No
13	Indicate the percentage of gaming activity conducted in:		
a	I The organization's facility	13a	%
b	An outside facility	13b	%
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
h	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
c	E If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	I is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?		
Ľ	organization's own exempt activities during the tax year > \$	÷	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: RONALD VANDEN DORPEL		
(I)	ADDRESS OF FUNDRAISER: 194 PLEASANT ST, RUMFORD, RI 02916		
9320	83 09-11-19 Schedule G (F	orm 990 or 990)-EZ) 2019

Schedule G (Form 990 or 990-I

932084 04-01-19

SCHEDU		G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 99	0)	Go	vernments, ar	nd Individua	ls in the Ŭni	ted States		2019
Department	of the Treasury	Comp	lete il the organizatio	Attach to For		rt IV, line 21 of 22.		Open to Public
Internal Reve	enue Service		Go to www.in	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of	the organization THE COLORADO	COLLEGE						Employer identification number 84-0402510
Part I	General Information on Grants	and Assistance						
	es the organization maintain records eria used to award the grants or ass		e amount of the grants		• • •	U U		
2 Des	scribe in Part IV the organization's p							
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. (Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than		be duplicated if additi	onal space is need	led.	(f) Method of		
1 (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
	er total number of section 501(c)(3) er total number of other organization			e line 1 table				
-	or Paperwork Reduction Act Notic						<u></u>	Schedule I (Form 990) (2019)

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

Schedule I (Form 990) (2019)

Page 2

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

(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
INANCIAL AID TO STUDENTS	1043	42,046,644.	0.	N/A	N/A

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

PART I, LINE 2:

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

DEGREE-GRANTING PROGRAM. THE COLLEGE DETERMINES STUDENT ELIGIBILITY BASED

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

ACADEMIC ACHIEVEMENT. THE COLLEGE OFFICE OF FINANCIAL AID ACCUMULATES ALL

REQUIRED INFORMATION FROM THE STUDENTS TO DETERMINE SCHOLARSHIP

ELIGIBILITY. THE OFFICE AWARDS SCHOLARSHIPS BASED UPON CRITERIA ESTABLISHED

BY THE COLLEGE.

SCHEDULE J Compensation Information						1545-004	47
	rm 990)	۔ For certain Officers, D	irectors, Trustees, Key Employees, and Highest		20	10	<u> </u>
			Compensated Employees tion answered "Yes" on Form 990, Part IV, line 23.		20	13)
Depar	tment of the Treasury		Attach to Form 990.		Open to		
Intern	al Revenue Service		orm990 for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer ide		on nui	mber
Do		THE COLORADO COLLEGE		84-04	02510		
Pa	rt I Question	s Regarding Compensation				X	
4-			d ann af tha fallan ing ta an fan a ganaan listad an Farma	000		Yes	No
1a			d any of the following to or for a person listed on Form	990,			
	First-class or c		ny relevant information regarding these items.				
	Travel for com		Payments for business use of personal re-				
		cation and gross-up payments	X Health or social club dues or initiation fees				
		spending account	X Personal services (such as maid, chauffeu				
b	If any of the boxes	on line 1a are checked, did the organiz	zation follow a written policy regarding payment or				
	•		ed above? If "No," complete Part III to explain		1b	х	
2			ursing or allowing expenses incurred by all directors,				
			or, regarding the items checked on line 1a?		2	х	
	,						
3	Indicate which, if ar	ny, of the following the organization us	ed to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not che	ck any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, b	ut explain in Part III.				
	Compensation	n committee	Written employment contract				
	Independent of	compensation consultant	X Compensation survey or study				
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, dic	any person listed on Form 990, Part V	/II, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:					
а		e payment or change-of-control payme					X
b			onqualified retirement plan?			Х	
С			compensation arrangement?		. <u>4c</u>		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide t	he applicable amounts for each item in Part III.				
	Only an ation 501/a	(V2) 501(a)(4) and 501(a)(20) arran					
F		:)(3), 501(c)(4), and 501(c)(29) organiz	-	n			
5	contingent on the r		a, did the organization pay or accrue any compensatio				
-	•				5a		x
h	Any related organiz	ation?			5b		x
		or 5b, describe in Part III.			0.5		
6			a, did the organization pay or accrue any compensatio	n			
•	contingent on the n						
а					6a		x
b	Any related organiz	ation?					x
		or 6b, describe in Part III.					
7			a, did the organization provide any nonfixed payments				
					7	х	
8			r accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section	1 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9	If "Yes" on line 8, d	id the organization also follow the rebu	uttable presumption procedure described in				
	Regulations section		· · · · · · · · · · · · · · · · · · ·		9		
LHA	For Paperwork R	eduction Act Notice, see the Instruc			le J (Forr	n 990)) 2019

932111 10-21-19

84-0402510

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	Denents	(D)(!) ⁻ (D)	reported as deferred on prior Form 990
(1) JILL TIEFENTHALER	(i)	532,731.	50,000.	33,280.	178,000.	68,231.	862,242.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) MARK HATCH	(i)	216,381.	0.	316,145.	74,286.	24,100.	630,912.	295,157.
VP FOR ENROLLMENT MANAGEME	(ii)	0.	0.	٥.	0.	0.	0.	0.
(3) ALAN R TOWNSEND	(i)	320,095.	25,000.	33,240.	28,000.	20,887.	427,222.	٥.
PROVOST	(ii)	0.	0.	0.	0.	0.	0.	٥.
(4) MARK HILLE	(i)	226,422.	0.	103,086.	49,810.	21,146.	400,464.	82,081.
VP FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) MICHAEL HAVILAND	(i)	344,511.	6,623.	2,277.	28,000.	722.	382,133.	٥.
HEAD HOCKEY COACH	(ii)	0.	0.	٥.	0.	0.	0.	0.
(6) ROBERT MOORE	(i)	318,935.	25,000.	21,946.	14,000.	1,778.	381,659.	0.
SR VP FIN/ADMIN	(ii)	0.	0.	٥.	0.	0.	0.	0.
(7) BRIAN YOUNG	(i)	243,503.	20,000.	21,061.	26,535.	7,956.	319,055.	0.
VP FOR IT	(ii)	0.	0.	٥.	0.	0.	0.	0.
(8) MICHAEL EDMONDS	(i)	194,123.	20,000.	13,890.	21,070.	39,477.	288,560.	0.
VP FOR STUDENT LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SANDRA WONG	(i)	210,142.	10,000.	20,099.	19,998.	7,956.	268,195.	0.
DEAN OF THE COLLEGE	(ii)	0.	0.	٥.	0.	0.	0.	0.
(10) TIMOTHY FULLER	(i)	209,828.	0.	668.	20,596.	11,222.	242,314.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JANE TURNIS	(i)	169,481.	12,500.	1,295.	17,698.	23,796.	224,770.	0.
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KIM BRADFORD	(i)	178,687.	10,000.	584.	17,986.	15,460.	222,717.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL GRACE	(i)	193,954.	0.	620.	19,000.	7,956.	221,530.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BARBARA WILSON	(i)	168,722.	1,000.	20,805.	18,634.	8,752.	217,913.	0.
ASSOC. VP FOR ADMIN. SERVI	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CLAIRE GARCIA	(i)	189,960.	0.	548.	19,034.	7,990.	217,532.	0.
DEAN OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) OWEN C. CRAMER	(i)	185,113.	0.	609.	19,133.	2,622.	207,477.	0.
PROFESSOR	(ii)	0.	0.	٥.	Ο.	0.	0.	٥.

Schedule J (Form 990) 2019

84-0402510

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	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(17) SEAN PIERI	(i)	180,418.	0.	450.	13,610.	3,860.	198,338.	0.
VP FOR ADVANCEMENT	(ii)	0.	٥.	0.	0.	0.	0.	0.
(18) LORIN SEAGER	(i)	155,083.	0.	450.	13,875.	12,110.	181,518.	0.
ASSOC. VP FOR FINANCE	(ii)	٥.	٥.	0.	0.	٥.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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 MEMBERSHIPS ARE

PROVIDED TO THE VICE PRESIDENT FOR ADVANCEMENT. 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 AND PAID OUT OF POCKET BY THE EMPLOYEE.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS INTO THEIR 457F

ACCOUNT:

JILL TIEFENTHALER - 150,000

MARK HILLE - 25,000

Schedule J (Form 990) 2019

MARK HATCH - 50,000

Schedule J (Form 990) 2019

Part III Supplemental Information

PART I, LINE 7:

MIKE HAVILAND, COLORADO COLLEGE'S HEAD HOCKEY COACH MAY RECEIVE VARIOUS

BONUSES FOR THE TEAM'S PERFORMANCE EACH HOCKEY SEASON. THESE BONUSES ARE A

THE COLORADO COLLEGE

PERCENTAGE OF HIS BASE PAY AND DEPEND UPON HOW WELL THE HOCKEY TEAM

PERFORMS DURING THE REGULAR AND POST SEASON. HAVILAND WILL ALSO RECEIVE A

BONUS BETWEEN 28-58 OF HIS ANNUAL SALARY FOR NCHC CONFERENCE OR NCAA

NATIONAL COACH OF THE YEAR AWARDS.

A DISCRETIONARY, PERFORMANCE BASED BONUS WAS PAID TO OFFICERS DURING THE

6/30/20 FISCAL YEAR. BONUSES WERE ALSO GIVEN TO EMPLOYEES WHO SERVE ON

COMMITTEES OR FOR OTHER PROJECTS OUTSIDE OF THEIR REGULARLY ASSIGNED JOB

DUTIES.

Schedule J (Form 990) 2019

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.

001	HEDULE K	Si	ipplemental In	ENTITY formation on Tax-Exempt Bonds						1 OME			OMB No. 1545-0047	
(For Depar	rm 990) artment of the Treasury	Complete if the organic	anization answere explanations, and	ed "Yes" on Form 9 d any additional inf	90, Part IV, ormation in	line 24a. F Part VI.	Provide descrip	tions,				2019 Open to Public		lic
		h to Form 990. 🕨 Go	o to www.irs.gov/F	Form990 for instruc	tions and t	he latest ir	nformation.		1_		_	nspec		
Nam	ne of the organization THE COLORADO	COLLECE									identifi 02510		n num	ber
Pa		COULEGE								04-04	02510			
Fal				(d) Date issued	(a) loou	o prico	(f) Decerienti			foood	(h) (m	bobolf	(i) De	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(I) Description	on of purpose	(g) De	leaseu	ased (h) On beha of issuer		1.7	
									Yes	No	Yes	No		No
							REFUND SERIE	S 2003, 2004	165		165		165	
•	EL PASO COUNTY, COLORADO	84-6000764	28337LCB2	02/18/10	51 5	97,849.				x		x		x
		CAPITAL IMPROVEMENTS		OVEMENTS &										
в	EL PASO COUNTY, COLORADO	84-6000764	28337LCX4	05/24/12	39,3	99,704.	COST OF ISSU	ANCE		x		x		x
	,				,		REFUND SERIE	S 2005 -						
С	EL PASO COUNTY, COLORADO	84-6000764	NONE	04/30/15	16,7	30,000.	2015A			x		x		х
						Ē	REFUND SERIE	S 2010 -						
D	EL PASO COUNTY, COLORADO	84-6000764	NONE	04/30/15	16,3	25,000.	2015B			x		х		х
Pa	rt II Proceeds		•	•		·					·			
				A			В	С				D		
1	Amount of bonds retired			48,	897,849.		26,184,704.	66	5,000).		1	,785,	000.
2	Amount of bonds legally defeased													
_3	Total proceeds of issue			51 ,	597,849.		39,399,704.	16,73	0,000).		16	,325,	000.
_4	Gross proceeds in reserve funds		<u></u>											
5	Capitalized interest from proceeds		<u></u>		535,860. 593,		593,312.	. 173,270).	. 164,9			979.
6	Proceeds in refunding escrows											13	,750,	000.
_7	Issuance costs from proceeds				532,849. 419,			. 208,258					150,	843.
8	Credit enhancement from proceeds									_				
9	Working capital expenditures from proceed	ds								_				
10	Capital expenditures from proceeds		<u></u>				38,980,000.			_				
<u>11</u>				51,	065,849.			16,52	1,742	2.		2	,424,	157.
12										_			0015	
13	Year of substantial completion				2010		2014	20		_			2015	
				Yes	No	Yes	No	Yes	No	_	Yes	+	No	
14		0	()	x			x	v						х
45	if issued prior to 2018, a current refunding			A			A	X		+		+		<u>~</u>
15					x		x		x		x			
16	issued prior to 2018, an advance refunding Has the final allocation of proceeds been n			X	Δ	x	A	x	Δ		X	+		
17	Does the organization maintain adequate b		innort the									+		
	final allocation of procoods?		••	x		х		x			х			
							1							

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

Schedule K (Form 990) 2019

				ENTITY formation on Tax-Exempt Bonds ed "Yes" on Form 990, Part IV, line 24a. Provide descriptions,						2			OMB No. 1545-0047		
	nent of the Treasury		explanations, and	any additional inf	ormation in	Part VI.	-	tions,		Open to Public Inspection				lic	
-	Revenue Service Attach to	Form 990. 🕨 Go	to www.irs.gov/F	orm990 for instruc	tions and t	ne latest	Information.		Emp	lovor	identif			hor	
Name	THE COLORADO COL	LEGE								•	0251		n num	ber	
Part												-			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(a) De	feased	(h) On	behalf	(i) Po	oled	
	(-)	((-)	(-,	(-,		(,, = = = = = = = = = = = = = = = = = =		(3) = -		of is		finan		
									Yes	No	Yes	No	Yes	No	
							CAPITAL IMPR	OVEMENTS &							
A E	L PASO COUNTY, COLORADO	84-6000764	NONE	10/09/19	20,7	45,000.	COST OF BOND	S		х		Х		Х	
В									_					ļ	
С									_						
_															
D	U. Drawada														
Part	II Proceeds							•							
4	Amount of bondo rativod			A			В	C		_		D			
-	Amount of bonds retired Amount of bonds legally defeased														
	Total proceeds of issue			20	745,000.										
	Gross proceeds in reserve funds			/	,										
	Capitalized interest from proceeds														
6															
7					245,000.										
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds			2,	755,400.										
<u>11</u>	Other spent proceeds														
12				/	744,500.										
13	Year of substantial completion				2019					_					
				Yes	No	Yes	No	Yes	No		Yes		No		
14	Were the bonds issued as part of a refunding i	•			x										
	if issued prior to 2018, a current refunding issu				X					_					
	Were the bonds issued as part of a refunding is				x										
	issued prior to 2018, an advance refunding iss Has the final allocation of proceeds been mad	_			X							+			
	Does the organization maintain adequate bool											+			
	final allocation of proceeds?			x											
_										1					

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

Schedule K (Form 990) 2019

No

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Page **2**

No

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<u>%</u> %

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D

Yes

Schedule K (Form 990) 2019	THE	COLORADO	COLLEGE

Part III Private Business Use

84-0402510	
------------	--

В

Α

				-			,
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	Ē
	which owned property financed by tax-exempt bonds?		X		X		Ĺ
2	Are there any lease arrangements that may result in private business use of						Ī
	bond-financed property?		х		x		L
3a	Are there any management or service contracts that may result in private						Ī
	business use of bond-financed property?		х		x		L
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside						ĺ
	counsel to review any management or service contracts relating to the financed property?						l
с	Are there any research agreements that may result in private business use of						ĺ
	bond-financed property?		x		x		l
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside						Ī
	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		%		%		
	Does the bond issue meet the private security or payment test?		X		X		Ī
8a	Has there been a sale or disposition of any of the bond-financed property to a non-						Ī
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		l
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						Ī
	1.141-12 and 1.145-2?						
9	Has the organization established written procedures to ensure that all nonqualified						Ī
	bonds of the issue are remediated in accordance with the requirements under						
	Regulations sections 1.141-12 and 1.145-2?	x	1	х	I	1	i.

Part IV Arbitrage

			Α		В		Ç)
1 Has th	ne issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalt	ty in Lieu of Arbitrage Rebate?		х		x		x		Х
	" to line 1, did the following apply?								
a Rebat	e not due yet?		Х	Х		Х		Х	
b Excep	otion to rebate?		х		х		x		Х
	bate due?	Х			Х		X		Х
If "Yes	s" to line 2c, provide in Part VI the date the rebate computation was								
perfor	med								
3 Is the	bond issue a variable rate issue?		Х		Х		X		X

2

Schedule K (Form 990) 2019	THE	COLORADO	COLLEGE
Schedule IX (1 0111 330) 2013		сопонтро	COLLECE

84-0402510

Page **2**

Par	t III Private Business Use								-	
			<u>A</u>		E	3		<u>ç</u>		<u>, </u>
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							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		Х							
3a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		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							
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		.00	%		%		%		%
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		.00	%		%	%		6	
6	Total of lines 4 and 5		.00	%		%	%		6 9	
_7	Does the bond issue meet the private security or payment test?		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							
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								
Par	t IV Arbitrage									
			<u>A</u>		E	3		<u>ç</u>		2
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							
_2	If "No" to line 1, did the following apply?									
<u>a</u>	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
c	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		Х							

Schedule K (Form 990) 2019 THE COLORADO COLLEGE			84-0	402510				Page 3
Part IV Arbitrage (continued)								
		A			C	C)	
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		x		х
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?							,,	
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		х		x		х
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		X		Х
7 Has the organization established written procedures to monitor the requirements of								
section 148?	x		х		x		х	
Part V Procedures To Undertake Corrective Action				•	•		·	
		A		В		C	C)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		x		x		x		х
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	ructions					

Schedule K (Form 990) 2019 THE COLORADO COLLEGE			84 -0	402510				Page 3
Part IV Arbitrage (continued)								
		A	E	В		2	C	
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						
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						
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						
7 Has the organization established written procedures to monitor the requirements of								ĺ
section 148?	x							
Part V Procedures To Undertake Corrective Action								
		A	E	В		2	C)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								l
regulations?		Х						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions					

SCHEDULE L	-	Гra	nsaction	ns V	Vith	Int	erested	Pers	ons			ON	1B No.	1545-00)47			
(Form 990 or 990-EZ)	Complete if	the or	rganization ans 28b, or 28c, o						25a, 25b, 2	6, 27,	28a,		20	19)			
Department of the Treasury Internal Revenue Service	► G	o to v	► Atta vww.irs.gov/Fo				Form 990-E2		formation			-	oen T spect	o Put	olic			
Name of the organization	► G	010 0	ww.irs.gov/ru	011199		IStruc		latest in	ormation.	Em	olovei	r identi	•		mber			
·····	THE COLORA	DO C	OLLEGE)2510						
Part I Excess Be	enefit Trans	actic	ons (section 50	01(c)(3), sect	ion 50	1(c)(4), and se	ction 501	(c)(29) orga	nizatio	ons on	ıly).						
Complete if t	the organization	answ	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	o, or Form	990-EZ, Pa	art V, I	ine 40	b.						
1 (a) Name of disqualifi	ed person	(b) R	elationship betw			lified		c) Descrir	tion of trar	sactio	'n		(d)	Corre	ected?			
			person and or	ganiza	ation								<u> </u>	es	No			
													_					
														-				
2 Enter the amount of			•	•		•	•	• •										
3 Enter the amount of t	tax, if any, on iir	ie 2, a	above, reimburs	ea by	the or	ganiza	tion				• •							
Part II Loans to a	and/or From	Inte	erested Pers	sons.														
Complete if t	the organization	answ	vered "Yes" on F	Form 9	90-EZ	, Part '	V, line 38a or F	orm 990,	Part IV, lin	e 26; (or if th	ie orgai	nizatio	on				
reported an a	amount on Form	<u>990,</u>	Part X, line 5, 6															
(a) Name of	(b) Relation		(c) Purpose		an to or n the	· ·	e) Original	(f) Bala	Balance due (g) In (h) Approve						Vritten ement?			
interested person	with organiz	ation	of loan	organization?		organization		organization?				-		default? Yes No		ittee?	-	<u> </u>
				To	From					Yes I		Yes	No	Yes	No			
Total				1			> \$	1			1				1			
Part III Grants or	Assistance	Ben	efiting Inter	este	d Per	sons												
Complete if t	the organization	answ	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 27.											
(a) Name of interest	ed person	(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan				Purp assist	ose o ance	of			
							51,8	51.TUI1	ION REMI	S	F	INANC	IAL .	AID				
											-+							
		-									-+							
		+									+							
		1									+							
I UA For Doportwork Dov	duction Act Not	line -	on the Instruct	tione	for Ear	-m 000	1 or 000 E7		Cab	Aula		rm 000	or Of	0 27	0100 (

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

932131 10-21-19

Schedule L (Form 990 or 990-EZ) 2019 THE COLORADO COLLEGE

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's iues?
				Yes	No
KEVIN RASK, PROFESSOR - EC	FAMILY MEMBER OF PR	176,819.	EMPLOYMENT		X
LAURA ROSENDO	FAMILY MEMBER OF TR	113,270.	EMPLOYMENT		x

Part V Supplemental Information.

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 51,851.

(D) TYPE OF ASSISTANCE: TUITION REMISSION

(E) PURPOSE OF ASSISTANCE: FINANCIAL AID

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KEVIN RASK, PROFESSOR - ECONOMICS DEPT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF PRESIDENT JILL TIEFENTHALER

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION

(A) NAME OF PERSON: LAURA ROSENDO

21030429 131839 011-056626-00

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE ANTONIO ROSENDO

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2019 Open to Public Inspection

Name of the organization

THE	COLORADO	COLLEGE

Employer identification number 84-0402510

Par	ιı		ypes	5 (Di Property												
							(a)	(b) Number of	(c) Noncash conti	ribution		Matha))				
							Check if applicable	and the state of t	amounts repo		n	Metho Ioncash c		determin	•	c	
							applicable	items contributed							nount		
1	Art	Worl	ks of	ar	t		Х	5		41,201.	FAIR	MARKET	VAL	UE			
2	Art	Histo	orical	tr	easures		Х	1		500.	FAIR	MARKET	VAL	UE	JE		
3	Art	Frac	tiona	l ir	terests												
4	Boo	ks an	d pul	bli	cations		Х			20,661.	FAIR	MARKET	VAL	UE			
5					usehold goods		Х			600.	FAIR	MARKET	VAL	UE			
6	Car	s and	othe	r٧	ehicles												
7	Boa	ts an	d plar	ne	s												
8	Inte	llectu	al pro	p	erty												
9					cly traded		Х	38	1,4	463,891.	FAIR	MARKET	VAL	UE			
10	Sec	urities	s - Clo	os	ely held stock												
11	Sec	urities	s - Pa	rtr	nership, LLC, or												
	trus	t inte	rests														
12	Sec	urities	s - Mi	sc	ellaneous												
13	Qua	lified	cons	er	vation contribution -												
		oric s															
14	Qua	lified	cons	er	vation contribution - Other												
15					idential	r											
16					nmercial		Х	1	33,4	460,000.	FAIR	MARKET	APP	RAISAL	1		
17					er					05 400	00.FAIR MARKET VALUE						
18							Х	1		25,100.	FAIR	MARKET	VAL	UE			
19																	
20					al supplies												
21																	
22					ts		Х	6		315,465.	FAIR	MARKET	VAL	UE			
23					nens												
24			•		tifacts	÷	v	1		4 500	EATD	MADZEM	373 T				
25		er 🖡		· ·	DISCOUNTED CO)	X X	1		,	-	MARKET					
26		er 🖡		· .	CAMPAIGN DINN SUPPLIES TO B)	X	1		,	-	MARKET MARKET					
27		er 🕨		`	ART SUPPLIES)	X	1		,	-	MARKET					
<u>28</u>		er 🕨		<u> </u>) 				1 1	PAIN	MARKEI	VAL	0E			
29					s 8283 received by the orga janization completed Form					29					2		
		which	the c	лç	janization completed Form	020	oo, Fart IV, L	Jonee Acknowledg		29					Yes		
302	Dur	ina th		ır	did the organization receive	a hu	contributio	n any property rep	orted in Part I line	as 1 throug	nh 28 dr	that it			165		
5 0a					least three years from the c												
					s for the entire holding perio				•					30a		x	
b		• •	•		e the arrangement in Part II									000			
31					ation have a gift acceptance		olicy that re	auires the review o	of any nonstandar	d contribu	tions?			31	х		
					ation hire or use third parti-												
JEa		tribut	Ũ					•						32a	х		
b					e in Part II.									JEd			
33					n didn't report an amount i	n co	olumn (c) for	a type of property	r for which column	n (a) is che	cked.						
		cribe								, 0.10	,						

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

Schedule M (Form 990) 2019

932141 09-27-19

21030429 131839 011-056626-00

Part II	Supplementa	al Information.	Provide the
Schedule	M (Form 990) 2019	THE COLORADO	COLLEGE

Supplemental Information. 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 NUMBER OF CONTRIBUTORS WAS USED FOR PART I.

SCHEDULE M, LINE 32B:

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

VEHICLE DONATIONS. FOR FISCAL YEAR 2020, NO VEHICLES WERE DONATED TO

THE COLLEGE.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O	Supplemental Information to Form 990 or 99		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.	n	2019
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	THE COLORADO COLLEGE		identification number 102510
FORM 990, PART III,	LINE 1 - ORGANIZATION'S MISSION		
AT COLORADO COLLEGH	E OUR GOAL IS TO PROVIDE THE FINEST LIBERAL ARTS		
EDUCATION IN THE CO	DUNTRY. DRAWING UPON THE ADVENTUROUS SPIRIT OF THE		
ROCKY MOUNTAIN WEST	, WE CHALLENGE STUDENTS, ONE COURSE AT A TIME, TO		
DEVELOP THOSE HABIT	S OF INTELLECT AND IMAGINATION THAT WILL PREPARE		
THEM FOR LEARNING A	AND LEADERSHIP THROUGHOUT THEIR LIVES.		
COLORADO COLLEGE SU	JCCEEDS 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.		
	SMALL CLASSES AND THE UNIQUE LEARNING OPPORTUNITIES		
OF THE BLOCK PLAN,	COLORADO COLLEGE PROVIDES A VARIETY OF STIMULATING		
ENVIRONMENTS FOR IN	ITELLECTUAL DEVELOPMENT, CREATIVE EXPRESSION, AND		
PERSONAL GROWTH. IN	N THE STUDIO AND ON THE STAGE, IN CLASSROOM AND		
LIBRARY AND LABORAT	CORY, IN RESIDENCE HALLS AND ON PLAYING FIELDS, IN		
THE LOCAL COMMUNITY	AND IN FOREIGN COUNTRIES, THE COLLEGE CONFRONTS		
	ILLIAR PERSPECTIVES AND NEW POSSIBILITIES OF THOUGHT		
AND ACTION.			
WE EXPLORE WITH THE	EM THE COMPLEXITIES OF THE NATURAL WORLD, THE		
ACHIEVEMENTS OF THE	E HUMAN PAST, AND THE URGENT SOCIAL AND MORAL ISSUES		
OF THE PRESENT. WE	TEACH THEM HOW TO RECOGNIZE RELEVANT EVIDENCE IN		
VARIOUS FIELDS OF 1	NQUIRY AND HOW TO WEIGH THAT EVIDENCE. WE PRESS THEM		
TO READ CAREFULLY,	THINK CRITICALLY, REFLECT THOUGHTFULLY, AND EXPRESS		
	EVELY, WITH PRECISION AND GRACE. WE ENCOURAGE THEIR duction Act Notice, see the Instructions for Form 990 or 990-EZ.	hedule O (Forn	1 990 or 990-EZ) (2019)
932211 09-06-19			

21030429 131839 011-056626-00

67 2019.05092 THE COLORADO COLLEGE

THE COLORADO COLLEGE	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	

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932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

21030429 131839 011-056626-00

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

THE COLORADO COLLEGE			84-040251	10
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 COLL	EGE COLLABORATED	OVER		
MANAGEMENT OF THE KRCC RADIO STATION. MANAGEMENT O	VERSIGHT HAS BEE	N		
DELEGATED TO CPR, AND THE BOARD AND COLLEGE SENIOR	VP FOR FINANCE	AND		
ADMINISTRATION ROBERT G. MOORE MEET REGULARLY TO D	ISCUSS RELEVANT			
MANAGEMENT TOPICS.				
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 ALU	MNI OF		
THE COLLEGE NOMINATED BY THE ALUMNI ASSOCIATION BO	ARD (AAB).			
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 P	AST		
PRESIDENT OF THE AAB SERVES AS A VOTING MEMBER OF	THE BOARD FOR A	TERM OF		
TWO YEARS.				
IN THE CASE OF A VACANCY IN AN ALUMNI TRUSTEE POSI	TION, THE AAB MA	Y SELECT		
A SUCCESSOR FOR THE UNEXPIRED PORTION OF THE TERM	OF THE ALUMNI TR	USTEE		
WHOSE POSITION IS VACANT, SUBJECT TO APPROVAL BY T	HE BOARD OF TRUS	TEES.		
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 TAX AND COMPLIANCE MANAGER AND S	ENIOR VICE PRESI	DENT OF	Schodulo O /Ecum 000	- 000 EZ) (2010)
932212 09-06-19 030429 131839 011-056626-00	69 2019 05092		Schedule O (Form 990 or RADO COLLEGE	011-0561
020472 T2T022 OTT-020070-00	2013.03032	INE COLUE		011-0201

Page **2**

Employer identification number

84-0402510

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Schedule O (Form 990 or 990-EZ) (2019)

THE COLORADO COLLEGE

Name of the organization

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
FINANCE AND ADMINISTRATION OF COLORADO COLLEGE. 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 AVP OF 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, REQUIRES THAT A DETAILED ANNUAL DISCLOSURE FORM BE	
SIGNED AND SUBMITTED BY ALL MEMBERS OF THE TRUSTEES, THE PRESIDENT, ALL	
OFFICERS OF THE COLLEGE, MEMBERS OF THE PRESIDENT'S CABINET (PERSONS	
REPORTING TO THE PRESIDENT), ALL PERSONS REPORTING TO A MEMBER OF THE	
PRESIDENT'S CABINET, AND ANY OTHER PERSON AT THE COLLEGE WHOSE	
RESPONSIBILITIES INCLUDE SIGNIFICANT PURCHASING DECISIONS OR THE SELECTION	
OF VENDORS AT COLORADO COLLEGE.	
ALL DISCLOSURES ARE REVIEWED BY THE AVP OF INSTITUTIONAL PLANNING $\&$	
EFFECTIVENESS FOR MATERIALITY. ANY DISCLOSURE THAT RAISES A MATERIAL	
CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH, IS REVIEWED BY THE AVP OF	
INSTITUTIONAL PLANNING & EFFECTIVENESS, AND/OR THE PRESIDENT, THE CHAIR OF	
THE BOARD, OR THE AUDIT COMMITTEE, DEPENDING ON THE ROLE OF THE PERSON	
INVOLVED AND THE NATURE OF THE POTENTIAL CONFLICT. IF A CONFLICT OF	
INTEREST IS DETERMINED TO EXIST, THE PERSON IS REQUIRED TO RECUSE	
THEMSELVES FROM ANY DELIBERATIONS AND ANY DECISIONS REGARDING THE AFFECTED	
TRANSACTION. ALL DELIBERATIONS ARE DOCUMENTED WITHIN THE BOARD MINUTES.	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
THE COLORADO COLLEGE	84-0402510
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 VICE PRESIDENT 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 2020.	
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, MA, MD, MO, ND, NM, NY, NC, OR, TN, UT, VA	
FORM 990, PART VI, SECTION C, LINE 19:	
COLORADO COLLEGE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST FOR A VALID BUSINESS PURPOSE. OTHER GOVERNING DOCUMENTS ARE ALSO	

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

AVAILABLE ON THE COLLEGE'S WEBSITE.

FORM 990, PART VI, LINE 13

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
THE COLORADO COLLEGE	84-0402510
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	
MBUDS 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 2,380,498.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS	
NOT CHANGED FROM THE PRIOR YEAR.	

932212 09-06-19

932161 09-10-19 LHA

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.

Name of the organization

THE COLORADO COLLEGE

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

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

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(1) controlled entity?	
				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) 2019

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

84-0402510

SCH	IEDULE R	
/	000)	

(Form 990)

Department of the Treasury Internal Revenue Service

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization?	
				501(c)(3))		Yes	No
OTIS & MARGARET BARNES TRUST - 84-6023466	-						
14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903		COLORADO	F01(0)(2)	PF	COLORADO COLLEGE	x	
MARGARET BARNES 1992 IRREV 84-6268287	PERP. TRUST		501(C)(3)	Pr	COLORADO COLLEGE	A	
	_						
14 EAST CACHE LA POUDRE STREET			501 (2) (2)				
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
JACKSON TRUST - 84-6150097	_						
14 EAST CACHE LA POUDRE STREET							
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
CARLTON TRUST - 84-6331869	4						
14 EAST CACHE LA POUDRE STREET	_						
COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
	_						
	-						
	-						
	-						
	-						
	-						
	-						
	-						

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.

	· ,									
(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	tions?	amount in box 20 of Schedule	managi partner	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
										+
										+
	(b)	Primary activity Legal domicile (state or foreign	(b) (c) (d) Primary activity Legal domicile (state or foreign Direct controlling entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign predominant income (related, unrelated, excluded from tax under	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or for prime) Direct controlling entity Predominant income (related, unrelated, excluded from tax under for tax und	(b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state or region Direct controlling entity Predominant income (related, unrelated, excluded from tax under end-of-year assets) Share of total income end-of-year assets Share of total end-of-year assets	(b) (c) (d) (e) (f) (g) (l) Primary activity Legal domicile (state or total (state or tota)	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or toring entity) Direct controlling entity Predominant income (related, unrelated, excluded from tax under end-of-year assets Share of total income end-of-year assets Disproportionate allocations?	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or restring Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Share of total income Share of end-of-year assets Disproportionate allocations? Code V-UBI amount in box 20 of Schedule	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Legal domicile (state or propertion) Direct controlling entity Predominant income (related, unrelated, excluded from tax under excluded from tax unde

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	i) b)(13) rolled iity?
		country)		,				Yes	No
CASCADE AVENUE MEDICAL BUILDING - 84-6029636	4								
809 N. CASCADE AVENUE			COLORADO						
COLORADO SPRINGS, CO 80903	INACTIVE	CO	COLLEGE	C CORP	Ο.	٥.	100%	X	
CHARITABLE REMAINDER ANNUITY TRUST (1)	СКАТ		COLORADO COLLEGE	TRUST				x	
CHARITABLE REMAINDER UNITRUST (15)	CRUT		COLORADO COLLEGE	TRUST				x	

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ns listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
	11	X	۲
m Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	2
Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses		+	
r Other transfer of cash or property to related organization(s)	<u>1r</u>	x	2
s Other transfer of cash or property from related organization(s)		X	2

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OTIS & MARGARET BARNES TRUST	S	857,098.	CASH TRANSFERRED
(2) MARGARET BARNES 1992 IRREV.	S	481,668.	CASH TRANSFERRED
(3) CARLTON TRUST	S	217,258.	CASH TRANSFERRED
(4) JACKSON TRUST	S	20,000.	CASH TRANSFERRED
(5) A BARNEY TRUST	S	25,500.	CASH TRANSFERRED
(6) FACULTY SALARY FUND - HAWLEY	S	9,178.	CASH TRANSFERRED

Schedule R (Form 990) 2019 THE COLORADO COLLEGE

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											\square		

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

Schedule R (Form 990) 2019

932165 09-10-19

Form 990-T	E	Exempt Organ	nization Bus			ax Return		OMB N	lo. 1545-0047
	For ca	lendar year 2019 or other tax yea	• •		· <i>…</i>	30 2020		2	019
	FUFCa				ns and the latest information		— ·	L	UIJ
Department of the Treasury Internal Revenue Service		Do not enter SSN number	•				F	Open to P 501(c)(3) C	ublic Inspection for Organizations Only
A Check box if address changed		Name of organization (and see instructions.)		D Empl (Emp		fication number
B Exempt under section	Print	THE COLORADO COLL	EGE					84-040	2510
X 501(c)(3)	_ or	Number, street, and room	or suite no. If a P.O. box	, see in	structions.			ated busin	ess activity code
408(e) 220(e)	Type	14 E. CACHE LA PO	UDRE	-				1134 404011	.)
408A 530(a) 529(a)		City or town, state or prov COLORADO SPRINGS,		r foreigi	n postal code		61160	00	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)						
1,232,545,	123.	G Check organization type	e 🕨 🛛 🗴 501(c) corp	oration	501(c) trust	401(a)) trust		Other trust
H Enter the number of the	organiza	tion's unrelated trades or b	usinesses. 🕨	7	Describe	the only (or first) un	related		
trade or business here	SI	EE STATEMENT 1			If only one,	complete Parts I-V.	If more	than on	э,
describe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pai	rts I an	d II, complete a Schedule	M for each addition	al trade	or	
business, then complete	Parts III	-V.							
		oration a subsidiary in an a		ıt-subsi	diary controlled group?	► [Ye	es X	No
		tifying number of the parent							
J The books are in care of					Telepho	one number 🕨 7	19-38	9-6693	l .
Part I Unrelated	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses	3		(C) Net
1a Gross receipts or sale	es								
b Less returns and allow			c Balance 🕨	1c					
		A, line 7)		2					
		rom line 1c		3					
		h Schedule D)		4a	499,841.				499,841.
		art II, line 17) (attach Form		4b					
		sts		4c					
		ship or an S corporation (at		5	-819.	STMT 2			-819.
6 Rent income (Schedu	, .			6					
		ne (Schedule E)		7					
· · · •		nd rents from a controlled o	-	8					
		on 501(c)(7), (9), or (17) or	- ,	9					
		me (Schedule I)		10					
		e J)		11					
12 Other income (See ins		/ /		12 13	499,022.				499,022.
13 Total. Combine lines Part II Deductio	ns No	ot Taken Elsewhere	a (Soo instructions fo						499,022.
(Deductions	must k	be directly connected wit	th the unrelated busine	ess inc	come.)				
		rectors, and trustees (Sche					14		
							15		
							16		
							17		
		ee instructions)					18 19		
		560)					19		-
		562) n Schedule A and elsewhere					21b		
							210		
23 Contributions to defe	erred co	mpensation plans					23		
							24		
		chedule I)					25		
26 Excess readership co	osts (Sci	hedule J)					26		
27 Other deductions (at	tach sch	nedule)					27		
		14 through 27					28		0.
29 Unrelated business t	axable ii	ncome before net operating	loss deduction. Subtract	t line 28	from line 13		29		499,022.
		loss arising in tax years beg							
						т 3	30		0.
31 Unrelated business t	axable ii	ncome. Subtract line 30 fro	m line 29			······	31		499,022.
923701 01-27-20 LHA Fo	or Paper	work Reduction Act Notice	, see instructions.					Form	990-T (2019)

Form 990	D-T (2019)	THE COLORADO COLLEGE					84-040251	0	Page 2
Part		Total Unrelated Business Taxat	ple Income						
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (see instructi	ons)	32	2	499,	022.
33	Amoun	ts paid for disallowed fringes				33	3		
34	Charita	ble contributions (see instructions for limitatio	n rules)			34	4		0.
35		nrelated business taxable income before pre-20				3	5	499,	022.
36		ion for net operating loss arising in tax years b				36	6	499,	022.
37		f unrelated business taxable income before spe				37	7		
38		c deduction (Generally \$1,000, but see line 38					8	1,	000.
39	Unrela	ted business taxable income. Subtract line 38							
	enter tl	ne smaller of zero or line 37	-			39	9		0.
Part	IV	Tax Computation							
40	Organi	zations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)		▶	▶ 4(0		0.
41		Taxable at Trust Rates. See instructions for ta							
	т	ax rate schedule or 🛛 🔲 Schedule D (Form	1041)			► 4 [.]	1		
42		ax. See instructions				► 42	2		
43		tive minimum tax (trusts only)				43	3		
44	Tax on	Noncompliant Facility Income. See instruction	ons			44	4		
45		Add lines 42, 43, and 44 to line 40 or 41, which				4	5		0.
		Tax and Payments	· ·						
46 a	Foreigr	n tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a					
			,						
						-			
		for prior year minimum tax (attach Form 8801)				-			
		redits. Add lines 46a through 46d			•	46	ie		
47		ct line 46e from line 45							0.
48	Other t	axes. Check if from: 🗌 Form 4255 📃	Form 8611 Form 8697 Form	n 8866	Other (attach schedule				
49		ax. Add lines 47 and 48 (see instructions)							0.
50		et 965 tax liability paid from Form 965-A or Fo							0.
		nts: A 2018 overpayment credited to 2019							
		stimated tax payments							
		posited with Form 8868							
o h	Foreigr	organizations: Tax paid or withheld at source	(see instructions)						
		withholding (see instructions)							
		for small employer health insurance premiums							
			orm 2439						
9			ther Total	► 51g					
52		ayments. Add lines 51a through 51g				52	2		
53		ted tax penalty (see instructions). Check if Forn				53			
54		e. If line 52 is less than the total of lines 49, 50	and E2 anter amount awad			► 54			
55		yment. If line 52 is larger than the total of line	· · · · · · · · · · · · · · · · · · ·			5			
55 56	•	he amount of line 55 you want: Credited to 202			Refunded	56			
Part		Statements Regarding Certain		ation (se		- 00	5		
					,			Vee	No
57	-	time during the 2019 calendar year, did the org financial account (bank, securities, or other) in	•		•			Yes	No
		Form 114, Report of Foreign Bank and Financial		-					
	here	CAYMAN ISLANDS		ie ioreign co	Juliu y			x	
50			ribution from or was it the granter of or	transforart	a a faraign truata				x
58		the tax year, did the organization receive a dist		transierort	o, a loreigh trust?				
50		" see instructions for other forms the organizat	-						
59		he amount of tax-exempt interest received or an nder penalties of perjury, I declare that I have examined		nd statements	and to the best of my know	vledge a	nd belief, it is true		
Sign		prect, and complete. Declaration of preparer (other than						,	
Here			NHERE SR VP F	-	CF & ADMIN	-	e IRS discuss this		/ith
		Signature of officer	Date SR VP F	OR FINAN	CE & ADMIN		parer shown below		
				Det		-	tions)? X Ye	5	No
		Print/Type preparer's name	Preparer's signature	Date	Check		PTIN		
Paid		KADEN ODTEC	KADEN ODTES	04/00/00	self- employe	;d			
-	barer	KAREN GRIES	KAREN GRIES	04/29/23			P00078514		
Use	Only	Firm's name CLIFTONLARSONALLEN			Firm's EIN	▶	41-07467	49	
			•			C1 C	200 4500		
		Firm's address MINNEAPOLIS , MN	1 33402		Phone no.	017-	376-4500	00 T	
923711	01-27-20		0.0				Form 99	9 ∪- 1 ((2019)
			80						

(1)

(2)

(3)

(4)

Totals

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ar		6		
2 Purchases			7 Cost of goods sold. S					
3 Cost of labor			from line 5. Enter here					
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	(From Real I	Property and	Personal Property L	.ease	d With Real Prop	perty)		
. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions direct	v connected wit	th the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	ige	columns 2(a) a	and 2(b) (attach	schedule)	
(1)								
(2)								
3)								
(4)								
otal	0.	Total		0.				
:) Total income. Add totals of columns ere and on page 1, Part I, line 6, columr		ter ►		٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly control to debt-finant	nnected with or iced property	allocable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions tach schedule)	6
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis Illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		llocable deduction n 6 x total of color 3(a) and 3(b))	

%

%

%

%

Form 990-T (2019)

Ο.

Ο.

Enter here and on page 1,

Part I, line 7, column (B).

923721 01-27-20

Enter here and on page 1,

Part I, line 7, column (A).

0.

►

Total dividends-received deductions included in column 8

Form 990-T (2019) THE COLOF									84 - 040	2510	Page 4
Schedule F - Interest, /	Annuities	s, Royal ⁻	ties, and	d Rents	From Co	ntrolled	d Organiza	tions	see ins	struction	s)
				Exempt C	Controlled O	rganizatio	ons				
1. Name of controlled organizat	tion	2. Em identifi num	cation		elated income instructions)		al of specified nents made	includ	t of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations					I					
7. Taxable Income	1	nrelated incon	ne (loss)		of specified payr	ments	10. Part of colu	nn 9 tha	t is included	11 De	ductions directly connected
,		ee instructions		0. 1044	made		in the controlli		nization's		income in column 10
(1)											
(2)											
(3)											
(4)											
_(+)	1			I			Add colun Enter here and		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
T . 1. 1.						.	iiie 0, 0	,oiuiiii (/			
Totals			\	E04(-)/=) (0) = (1)	🕨			0.		0.
Schedule G - Investme (see inst		ne of a s	Section	501(c)(<i>1</i>), (9), or (17) Org	anization				
	cription of inco	me			2. Amount of	income	3. Deduction directly conner (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							(under conce				
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co				I		Enter here and on page 1, Part I, line 9, column (B).
Totals				►		٥.					0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	vertisin	g Income				
	,				4. Net incom	ne (loss)					7 -
1. Description of exploited activity	2. G unrelated incom trade or b	e from	directly c with pro	elated	from unrelated business (co minus colum gain, compute through	I trade or Iumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6. Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
(ד)	Enter her page 1 line 10,	, Part I,	Enter her page 1 line 10,	re and on , Part I, col. (B).		L			<u> </u>		Enter here and on page 1, Part II, line 25.
Totals 🕒 🕨		0.		٥.							0.
Schedule J - Advertisi											
Part I Income From	Periodic	als Rep	orted or	n a Cons	olidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th		5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	►		0.	0							0.

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Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019) THE COLORADO COLLEGE Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

7. Excess readership costs (column 6 minus 4. Advertising gain or (loss) (col. 2 minus 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical col. 3). If a gain, compute cols. 5 through 7. advertising costs income costs column 5, but not more income than column 4). (1) (2) (3) (4) 0. 0 0 Totals from Part I ► Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 26. Totals, Part II (lines 1-5) 0 0 Ο. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to Compensation attributable to unrelated business 2. Title 1. Name business (1) % (2) % (3) % (4) %

84-0402510

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Form 990-T (2019)

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

NON-UNITARY PARTNERSHIP INCOME RENTAL INCOME

TO FORM 990-T, PAGE 1

DESCRIPTION CD&R FUND X WATERWORKS B, LP - ORDINARY BUSINESS INCOME (LOSS)	NET INCOME OR (LOSS)
	10 757
	13,757.
DEERFIELD PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) DEERFIELD RE HOLDINGS IV, LP - ORDINARY BUSINESS INCOME	-3,785.
(LOSS) EIG ENERGY FUND XIV-A, LP - ORDINARY BUSINESS INCOME	16,874.
(LOSS)	7,233.
EIG ENERGY FUND XV-A, LP - ORDINARY BUSINESS INCOME (LOSS) ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS	-26,426.
INCOME (LOSS)	81.
FORTRESS CREDIT OPPORTUNITIES FUND III (B) LP - ORDINARY	
BUSINESS INCOME (LO	-33.
HIGHFIELDS CAPITAL IV, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-3,045.
WALTON STREET REAL ESTATE FUND VI-E, LP - ORDINARY	
BUSINESS INCOME (LOSS)	58,988.
WALTON STREET REAL ESTATE FUND VII-E, LP - ORDINARY	
BUSINESS INCOME (LOSS)	170,832.
WALTON STREET REAL ESTATE FUND VIII, LP - ORDINARY	
BUSINESS INCOME (LOSS)	33,001.
YORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME	
(LOSS)	804,032.
YORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-426,707.
DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P ORDINARY	
BUSINESS INCOME (LOSS	-298,616.
DEERFIELD RCS HOLDINGS, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-146,837.
CD&R FUND X ENERGY A, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-176,546.
DEERFIELD PH HOLDINGS IV, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-24,248.
DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-12,090.
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - ORDINARY	
BUSINESS INCOME (LOSS)	66.
FORTRESS CREDIT OPPORTUNITIES FUND II (B) LP - ORDINARY	
BUSINESS INCOME (LOS	847.
SPINNAKER GLOBAL EMERGING MARKETS FD LTD ORDINARY	
BUSINESS INCOME (LOSS)	11,803.
FOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-819.

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FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	2,075,211.	0.	2,075,211.	2,075,211.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,075,211.	2,075,211.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	325,246.	325,246.	0.	0.
06/30/10	938,901.	296,443.	642,458.	642,458.
06/30/11	348,868.	0.	348,868.	348,868.
06/30/12	183,888.	0.	183,888.	183,888.
06/30/13	60,807.	0.	60,807.	60,807.
06/30/14	312,871.	0.	312,871.	312,871.
06/30/15	432,658.	0.	432,658.	432,658.
06/30/17	1,805,303.	0.	1,805,303.	1,805,303.
06/30/18	876,397.	0.	876,397.	876,397.
NOL CARRYON	VER AVAILABLE THIS	YEAR	4,663,250.	4,663,250.

					E	YTITY	1
	IEDULE M m 990-T)	Unrelated Business Unrelated T	from an		OMB No. 1545-0047		
		TT 20 0000		2019			
_		For calendar year 2019 or other tax year beginning JUL		,		—·	
	ment of the Treasury I Revenue Service	 Go to www.irs.gov/Form990T f Do not enter SSN numbers on this form as 					en to Public Inspection for 1(c)(3) Organizations Only
Name	of the organization			nado pasno n yoar organ	Employer identi		
- turno	of the organization	THE COLORADO COLLEGE			84-0402		
ι	Inrelated Business	Activity Code (see instructions) 531190					
C	escribe the unrelat	ed trade or business SUMMER CONFE	RENCES				
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or	sales 329,025.					
b	Less returns and allo	wances c Balance 🕨	► 1c	329,025.			
2	Cost of goods sole	d (Schedule A, line 7)	2				
3	Gross profit. Subt	ract line 2 from line 1c	3	329,025.			329,025.
4 a	Capital gain net in	come (attach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797) \dots	4b				
с	Capital loss deduc	tion for trusts	4c				
5	Income (loss) from	a partnership or an S corporation (attach					
	statement)		5				
6	Rent income (Sche	edule C)					
7	Unrelated debt-fination	anced income (Schedule E)	7				
8		royalties, and rents from a controlled					
	organization (Sche	edule F)	8				
9		e of a section 501(c)(7), (9), or (17)					
		edule G)	9				
10		activity income (Schedule I)					
11		e (Schedule J)	11			_	
12		e instructions; attach schedule)		200 005		_	200.005
<u>13</u>	Total. Combine lir	nes 3 through 12	13	329,025.			329,025.
Par		ns Not Taken Elsewhere (See instruc nnected with the unrelated business in			ductions.) (Dedu	ictions	must be
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
15	•	S				15	115,454.
16		enance				16	149.
17						17	
18		hedule) (see instructions)				18	
19		s				19	13,936.
20		ch Form 4562)					
21		claimed on Schedule A and elsewhere on return				21b	
22						22	
23		eferred compensation plans				23	6,071.
24		programs				24	14,110.
25		penses (Schedule I)			·····	25	
26		costs (Schedule J)				26	
27		(attach schedule)				27	197,301.
28		Add lines 14 through 27				28	347,021.
29		s taxable income before net operating loss ded				29	-17,996.
30	Deduction for net	operating loss arising in tax years beginning on	or after J	anuary 1, 2018 (see			
	instructions)					30	0.
<u>31</u>	Unrelated busines	s taxable income. Subtract line 30 from line 29				31	-17,996.
LHA	For Paperwork F	Reduction Act Notice, see instructions.			Sch	edule N	I (Form 990-T) 2019

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT
FOOD SERVICES	150,952.
SUPPLIES	6,766.
PURCHASED SERVICES	17,316.
MINOR EQUIPMENT OTHER MISCELLANEOUS EXPENSE	502.
STUDENT ASSISTANCE	16,555. 5,210.
TOTAL TO SCHEDULE M, PART II, LINE 27	197,301.

Form 990-T (2019)						Page 3
THE COLORADO COLLEG			84	-0402510		
Schedule A - Cost of Goods Sold	 Enter method of inve 	entory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6		
2 Purchases	2	7 Cost of goods sold. S	7 Cost of goods sold. Subtract line 6			
	3	from line 5. Enter here	from line 5. Enter here and in Part I,			
4a Additional section 263A costs		line 2		7		
(attach schedule) 4	a		8 Do the rules of section 263A (with respect to			No
b Other costs (attach schedule) 4	b	property produced or	acquired for resale) apply	y to		
	5	the organization?				
Schedule C - Rent Income (From (see instructions)	Real Property an	d Personal Property I	eased With Rea.	I Property	()	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	Rent received or accrued		3(a) Deductio	ns directly conn	ected with the income ir	ı
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` ´ of rent fo	I and personal property (if the percenta r personal property exceeds 50% or if rent is based on profit or income)		mns 2(a) and 2(b	(attach schedule)	
(1)						
(2)						
(3)						
(4)						
Total	0. Total		0.			
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)			0. (b) Total dedu Enter here and on Part I, line 6, column	page 1,		0.
Schedule E - Unrelated Debt-Fina	anced Income (se	e instructions)	1			
		2. Gross income from		irectly connected debt-financed pro	l with or allocable	
1. Description of debt-financed pro	operty	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (colum 2 x column 6)	n	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on pa Part I, line 7, columr		Enter here and on pag Part I, line 7, column (
Totals		▶		٥.		0.
Total dividends-received deductions included i			<u>I</u>			0.
					Form 990-T	(2019)

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011-0561

						E	NTIT	Ү 2
	IEDULE M m 990-T)	Unrelated Business Unrelated Tr	m an	-	OMB No. 1545-0047			
								2019
		For calendar year 2019 or other tax year beginning	1, 201	9 , and ending	JUN 3	0, 2020	·	2013
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990T fo						Open to Public Inspection for
Interna	Revenue Service	Do not enter SSN numbers on this form as it	t may be i	made public if your o	rganizatio	on is a 501(c)(3).		501(c)(3) Organizations Only
Name	of the organization	THE COLORADO COLLEGE				Employer identi 84-0402		on number
		Activity Code (see instructions) <a>531190						
	escribe the unrelat	ed trade or business HONNEN ICE RI	.NK					
Par	t I Unrelated	Trade or Business Income		(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or s	sales 85,925.						
b	Less returns and allo	wances c Balance 🕨	1c	85,92	25.			
2	Cost of goods sold	d (Schedule A, line 7)	2					
3	Gross profit. Subtr	ract line 2 from line 1c	3	85,92	25.			85,925.
4 a	Capital gain net in	come (attach Schedule D)	4a					
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b					
с	Capital loss deduc	tion for trusts	4c					
5		a partnership or an S corporation (attach	5					
6		edule C)	6					
7		anced income (Schedule E)	7					
8		, royalties, and rents from a controlled	· ·					
Ū		edule F)	8					
9		e of a section 501(c)(7), (9), or (17)						
5		edule G)	9					
10		activity income (Schedule I)	10					
11	Advertising incom		11					
12		e (Schedule J) e instructions; attach schedule)	12					
13	Total. Combine lin		13	85,92	2.5		_	85,925.
				,				·
Par		ns Not Taken Elsewhere (See instruct nnected with the unrelated business in			deduc	tions.) (Dedu	ICTIO	ns must be
14	Compensation of (officers, directors, and trustees (Schedule K)					14	
15	•	s					15	76,858.
16		enance					16	4,389.
17							17	_ / * * *
18		hedule) (see instructions)					18	
19	Taxes and licenses						19	
20		ch Form 4562)						
20 21		claimed on Schedule A and elsewhere on return				,	21b	
21							22	
23		eferred compensation plans					23	5,527.
23 24		programs					24	13,777.
2 . 25		penses (Schedule I)					25	
25 26		costs (Schedule J)					26	
20 27	Other deductions	(attach schedule)		SEE STATE	EMENT 6	·····	27	7,596.
28		Add lines 14 through 27					28	108,147.
20 29		s taxable income before net operating loss dedu					29	-22,222.
29 30		operating loss arising in tax years beginning on o						,
00						STMT 7	30	0.
<u>31</u>		s taxable income. Subtract line 30 from line 29					31	-22,222.
LHA		Reduction Act Notice, see instructions.					nedule	e M (Form 990-T) 2019

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FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
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DESCRIPTION	AMOUNT
EDUCATION	137.
DUES & SUBSCRIPTIONS	521.
SUPPLIES	4,905.
PURCHASED SERVICES	696.
TRAVEL	985.
MINOR EQUIPMENT	321.
OTHER MISCELLANEOUS EXPENSE	31.
TOTAL TO SCHEDULE M, PART II, LINE 27	7,596.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR LOSS SUSTAINED		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	22,541.		22,541.	22,541.
NOL CARRYOV	ER AVAILABLE THIS	22,541.	22,541.	

Form 990-T (2019)							F	Page 3
THE COLORADO (84-04025	10		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?	the organization?				X
Schedule C - Rent Income (From Real	Property and	d Personal Property	Lease	ed With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	and personal property (if the percen personal property exceeds 50% or it ent is based on profit or income)	tage	3(a) Deductions directly columns 2(a) an	connected with the d 2(b) (attach sche	e income in dule)	
(1)								
(2)								
(3)								
(4)								
Total	٥.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	►		٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instructions)					
					3. Deductions directly conr		able	
			 Gross income from or allocable to debt- 	(2)	to debt-finance Straight line depreciation		deduction	
1. Description of debt-fir	nanced property		financed property	("	(attach schedule)	(b) Other deduction (attach schedule)		5
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deduction total of col and 3(b))	ons Iumns
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A).	Enter here a Part I, line		
Totals			•		0	.		Ο.
Total dividends-received deductions in				L				0.
						For	m 990-T	
						1 01		(=010)

923721 01-27-20

011-0561

						ENTIT	Y 3
	IEDULE M	Unrelated Business	Taxa	able Income	from an		OMB No. 1545-0047
(For	m 990-T)	ŀ					
			2010				
		For calendar year 2019 or other tax year beginning	1, 201	9 , and ending JU	JN 30, 2020		2019
Depart	ment of the Treasury	Go to www.irs.gov/Form990T fo	r instru	ctions and the latest i	nformation.		Open to Public Inspection for
Interna	Revenue Service	Do not enter SSN numbers on this form as it	may be	made public if your orgar	nization is a 501	c)(3).	501(c)(3) Organizations Only
Name	of the organization				Employer	identificatio	on number
	-	THE COLORADO COLLEGE			84-	0402510	
ι	Inrelated Business	Activity Code (see instructions) 🕨624410					
C	escribe the unrelat	ed trade or business CHILDCARE					
Par		Trade or Business Income		(A) Income	(B) Exper	2000	(C) Net
Fai				(A) Income	(B) Exper	1363	(C) Net
1a	Gross receipts or s	sales 356,658.					
b	Less returns and allo	wances c Balance	1c	356,658.			
2	Cost of goods sole	d (Schedule A, line 7)	2				
3		ract line 2 from line 1c	3	356,658.			356,658.
4a		come (attach Schedule D)	4a				
b		rm 4797, Part II, line 17) (attach Form 4797)	4b				
с	÷ · · ·	tion for trusts	4c				
5		a partnership or an S corporation (attach					
•	()		5				
6		edule C)	6				
7		anced income (Schedule E)	7				
8		royalties, and rents from a controlled					
•		edule F)	8				
9		e of a section 501(c)(7), (9), or (17)	⊢ ĕ +				
5		edule G)	9				
10		activity income (Schedule I)	10				
11		e (Schedule J)	11				
12		e instructions; attach schedule)	12				
13	Total. Combine lir		13	356,658.			356,658.
-				,			·
Par		s Not Taken Elsewhere (See instruct			ductions.) (L	Deductio	ns must be
	directly co	nnected with the unrelated business in	come.)			
14	Componention of	officers, directors, and trustees (Schedule K)				14	
14							398,968.
15 16		s				· – – – – – – – – – – – – – – – – – – –	2,487.
10		enance					2,107.
		hadula) (aaa inatrustiana)				·	
18 10		hedule) (see instructions)					2,340.
19 00		S				. 19	2,540.
20		ch Form 4562)				041	
21	-	claimed on Schedule A and elsewhere on return				21b	
22	Depletion					. 22	25 221
23		eferred compensation plans					25,321.
24		programs					98,301.
25		penses (Schedule I)					
26	Excess readership	costs (Schedule J)			τπ. ο		AE 140
27		(attach schedule)					45,142.
28		Add lines 14 through 27					572,559.
29		s taxable income before net operating loss deduced			9 13	29	-215,901.
30		operating loss arising in tax years beginning on c	or after J	lanuary 1, 2018 (see			-
					STMT 9	30	0.
<u>31</u>							-215,901.
LHA	For Paperwork F	Reduction Act Notice, see instructions.				Schedul	e M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8

DESCRIPTION	AMOUNT
EDUCATION FOOD SERVICES	1,196. 38,580.
SUPPLIES DUDCHASED SERVICES	4,930. 219.
PURCHASED SERVICES TRAVEL	219.
MINOR EQUIPMENT	188.
TOTAL TO SCHEDULE M, PART II, LINE 27	45,142.

STATEMENT 9 SCHEDULE M NET OPERATING LOSS DEDUCTION LOSS PREVIOUSLY LOSS AVAILABLE TAX YEAR LOSS SUSTAINED THIS YEAR APPLIED REMAINING 06/30/19 113,055. 113,055. 113,055. NOL CARRYOVER AVAILABLE THIS YEAR 113,055. 113,055.

Form 990-T (2019)						Page 3
THE COLORADO COLLEG			84	-0402510		
Schedule A - Cost of Goods Sold	 Enter method of inve 	entory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6		
2 Purchases	2	7 Cost of goods sold. S	7 Cost of goods sold. Subtract line 6			
	3	from line 5. Enter here	from line 5. Enter here and in Part I,			
4a Additional section 263A costs		line 2		7		
(attach schedule) 4	a		8 Do the rules of section 263A (with respect to			No
b Other costs (attach schedule) 4	b	property produced or	acquired for resale) apply	y to		
	5	the organization?				
Schedule C - Rent Income (From (see instructions)	Real Property an	d Personal Property I	eased With Rea.	I Property	()	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	Rent received or accrued		3(a) Deductio	ns directly conn	ected with the income ir	ı
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` ´ of rent fo	I and personal property (if the percenta r personal property exceeds 50% or if rent is based on profit or income)		mns 2(a) and 2(b	(attach schedule)	
(1)						
(2)						
(3)						
(4)						
Total	0. Total		0.			
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)			0. (b) Total dedu Enter here and on Part I, line 6, column	page 1,		0.
Schedule E - Unrelated Debt-Fina	anced Income (se	e instructions)	1			
		2. Gross income from		irectly connected debt-financed pro	l with or allocable	
1. Description of debt-financed pro	operty	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (colum 2 x column 6)	n	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on pa Part I, line 7, columr		Enter here and on pag Part I, line 7, column (
Totals		▶		٥.		0.
Total dividends-received deductions included i			<u>I</u>			0.
					Form 990-T	(2019)

923721 01-27-20

011-0561

						ENTIT	У 4
	IEDULE M m 990-T)	Unrelated Business Unrelated Ti	in -	OMB No. 1545-0047			
		20	2019				
		20					
	nent of the Treasury Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only				
Name	of the organization	Do not enter SSN numbers on this form as it	i may be			yer identificatio	
Name	or the organization	4-0402510					
U	nrelated Business	Activity Code (see instructions) > 713940					
D	escribe the unrelat	ed trade or business ADAM PRESS FI	TNESS	CENTER			
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Ex	penses	(C) Net
1a	Gross receipts or s	sales4,802.					
b	Less returns and allo	wances c Balance ►	1c	4,80	2.		
2	Cost of goods sole	d (Schedule A, line 7)	2				
3	Gross profit. Subt	ract line 2 from line 1c	3	4,80	2.		4,802.
4 a	Capital gain net in	come (attach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b				
с	Capital loss deduc	tion for trusts	4c				
5	Income (loss) from	a partnership or an S corporation (attach					
	statement)		5				
6	Rent income (Sche	edule C)	6				
7	Unrelated debt-fination	anced income (Schedule E)	7				
		royalties, and rents from a controlled					
	organization (Sche	edule F)	8				
		e of a section 501(c)(7), (9), or (17)					
		edule G)	9				
		activity income (Schedule I)	10				
		e (Schedule J)	11		_		
12		e instructions; attach schedule)	12				4.000
<u>13</u>	Total. Combine lir	nes 3 through 12	13	4,80	2.		4,802.
	directly co	ns Not Taken Elsewhere (See instruct nnected with the unrelated business ir pofficers, directors, and trustees (Schedule K)	ncome.				ns must be
	•	s					56,813.
16		enance					760.
17	Bad debts					17	
18	Interest (attach sc	hedule) (see instructions)				18	
19	Taxes and license	s				19	
20		ch Form 4562)					
21	Less depreciation	claimed on Schedule A and elsewhere on return	۱ ۱	21a		21b	
22	Depletion					22	
23		eferred compensation plans					4,487.
24	Employee benefit	programs				24	11,698.
25	Excess exempt ex	penses (Schedule I)				25	
26		costs (Schedule J)				26	
27		(attach schedule)					10,542.
		Add lines 14 through 27				28	84,300.
		s taxable income before net operating loss dedu				29	-79,498.
30	Deduction for net	operating loss arising in tax years beginning on o	or after J	anuary 1, 2018 (see			
					STMT		0.
<u>31</u>		s taxable income. Subtract line 30 from line 29					-79,498.
LHA	For Paperwork F	Reduction Act Notice, see instructions.				Schedule	• M (Form 990-T) 2019

FORM 990-T (M) OTH	HER DEDUCTIONS STATEMENT 1	0
DESCRIPTION	AMOUNT	
DUES & SUBSCRIPTIONS SUPPLIES TRAVEL	2,50 32	24.
MINOR EQUIPMENT OTHER MISCELLANEOUS EXPENSE	7,5(67. 54.
TOTAL TO SCHEDULE M, PART II, LINE	27 10,54	42.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 11
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	77,219.		77,219.	77,219.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	77,219.	77,219.

Form 990-T (2019)						Page 3
THE COLORADO COLLEG			84	-0402510		
Schedule A - Cost of Goods Sold	 Enter method of inve 	entory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6		
2 Purchases	2	7 Cost of goods sold. S	ubtract line 6			
	3	from line 5. Enter here	and in Part I,			
4a Additional section 263A costs		line 2		7		
(attach schedule) 4	a	8 Do the rules of section			Yes	No
b Other costs (attach schedule) 4	b	property produced or	acquired for resale) apply	y to		
	5	the organization?				X
Schedule C - Rent Income (From (see instructions)	Real Property an	d Personal Property I	eased With Rea.	I Property	()	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	Rent received or accrued		3(a) Deductio	ns directly conn	ected with the income ir	ı
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` ´ of rent fo	I and personal property (if the percenta r personal property exceeds 50% or if rent is based on profit or income)		mns 2(a) and 2(b	(attach schedule)	
(1)						
(2)						
(3)						
(4)						
Total	0. Total		0.			
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)			0. (b) Total dedu Enter here and on Part I, line 6, column	page 1,		0.
Schedule E - Unrelated Debt-Fina	anced Income (se	e instructions)	1			
		2. Gross income from		irectly connected debt-financed pro	l with or allocable	
1. Description of debt-financed pro	operty	or allocable to debt- financed property	(a) Straight line depred (attach schedule	ciation	(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to 6. Column 4 divided by column 5 7. Gross reportability		7. Gross income reportable (colum 2 x column 6)	n	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on pa Part I, line 7, columr		Enter here and on pag Part I, line 7, column (
Totals		▶		٥.		0.
Total dividends-received deductions included i			<u>I</u>			0.
					Form 990-T	(2019)

					ENTI	נדץ 5
	EDULE M n 990-T)	rom an	OMB No. 1545-0047			
			2019			
		For calendar year 2019 or other tax year beginningJUL				2013
	ent of the Treasury Revenue Service	ormation.	Open to Public Inspection for			
		Do not enter SSN numbers on this form as it	may be r	nade public if your organiz		501(c)(3) Organizations Only
	of the organization	THE COLORADO COLLEGE			Employer identifica 84-0402510	
		Activity Code (see instructions)				
De		ed trade or business SHOVE CHAPEL				
Part	Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a (Gross receipts or :	sales 20,028.				
b l	Less returns and allo	owances c Balance >	1c	20,028.		
2 (Cost of goods sole	d (Schedule A, line 7)	2			
3 (Gross profit. Subti	ract line 2 from line 1c	3	20,028.		20,028.
4a (Capital gain net in	come (attach Schedule D)	4a			
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b			
с	Capital loss deduc	tion for trusts	4c			
		a partnership or an S corporation (attach				
		· · · · · ·	5			
6		edule C)	6			
		anced income (Schedule E)	7			
		, royalties, and rents from a controlled				
		edule F)	8			
		e of a section 501(c)(7), (9), or (17)				
		edule G)	9			
		activity income (Schedule I)	10			
	Advertising incom		11			
		e instructions; attach schedule)	12			
	Total. Combine lir		13	20,028.		20,028
	directly co	ns Not Taken Elsewhere (See instruct nnected with the unrelated business in officers, directors, and trustees (Schedule K)	come.)			1
	•					47,992.
		enance				19
						1
		hedule) (see instructions)				
	Taxes and license					
		ch Form 4562)				
		claimed on Schedule A and elsewhere on return			21b	
		eferred compensation plans				2,197.
		programs				
		programs penses (Schedule I)				
		o costs (Schedule J)				
20	Other deductions	(attach schedule)		SEE STATEMENT	12 20	2,716
		Add lines 14 through 27				
		s taxable income before net operating loss dedu				-43,887
		operating loss arising in tax years beginning on c			3 29	,zer,
					30	0.
	,	- to she is a set of the set line of the set l				
31 U	Unrelated hilisines	s taxable income. Subtract line 30 from line 29				±J_007.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12			

DESCRIPTION	AMOUNT
EDUCATION	110.
RENT EXPENSE	380.
DUES & SUBSCRIPTIONS	5.
FOOD SERVICES	1,488.
SUPPLIES	71.
PURCHASED SERVICES	1.
TRAVEL	462.
MINOR EQUIPMENT	65.
OTHER MISCELLANEOUS EXPENSE	50.
UTILITIES	84.
TOTAL TO SCHEDILE M DART II LINE 27	2 716

TOTAL TO SCHEDULE M, PART II, LINE 27 2,716.

Form 990-T (2019)								Page 3
THE COLORADO					84-0402	510		
Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases			7 Cost of goods sold. Su					
3 Cost of labor			from line 5. Enter here					
4a Additional section 263A costs			line 2		,	7		
(attach schedule)	4a		8 Do the rules of section			<u> </u>	Yes	No
b Other costs (attach schedule)			property produced or a	`	•			
5 Total. Add lines 1 through 4b								x
Schedule C - Rent Income ((From Real	Property and	d Personal Property L	ease	d With Real Prop	ertv)		<u> </u>
(see instructions)	•				•			
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	and personal property (if the percentage personal property exceeds 50% or if ent is based on profit or income)	ge	e 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			۱
(1)								
(2)								
(3)								
(4)								
 Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er			0.	(b) Total deductions. Enter here and on page 1,			0.
Schedule E - Unrelated Deb		Income (see	e instructions)	••	Part I, line 6, column (B)	. 🚩		••
		· · ·	2. Gross income from		3. Deductions directly con to debt-finance		or allocable	
1. Description of debt-fit	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)						_		
(2)								
(3)								
(4)						_		
	E Average	adjusted basis	C Ostanova A divide d		7. Outra in come	-		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	ad 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6)			Allocable deduct mn 6 x total of co 3(a) and 3(b))				
(1)			%					
(2)			%					
(3)			%					
(4)			%					
	1		/0		Enter here and on page 1, Part I, line 7, column (A).		here and on pag I, line 7, column (
Totals			▶		n			0.
Totals Total dividends-received deductions ir				L				0.
		10					Corm 000 T	

						NTITY	6
		Unrelated Business	Taxa	ble Income	from an		OMB No. 1545-0047
(For	m 990-T)						
				2019			
		UN 30, 2020	·	2013			
	ment of the Treasury I Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only				
Name	of the organization	Do not enter SSN numbers on this form as it	may be i	nade public il your orga	Employer ident		
Name	of the organization	84-0402					
U	Inrelated Business	Activity Code (see instructions) 453220					
D	escribe the unrelat	ed trade or business GIFT SHOP					
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or s	sales 96,992.					
	Less returns and allo		1c	96,992.			
2		d (Schedule A, line 7)	2				
3		ract line 2 from line 1c	3	96,992.			96,992.
4a		come (attach Schedule D)	4a				
b		rm 4797, Part II, line 17) (attach Form 4797)	4b				
с	Capital loss deduc		4c				
5	•	a partnership or an S corporation (attach					
	. ,		5				
6		edule C)	6				
7		anced income (Schedule E)	7				
8		, royalties, and rents from a controlled					
	organization (Sche	edule F)	8				
9		e of a section 501(c)(7), (9), or (17)					
	organization (Sche	edule G)	9				
10		activity income (Schedule I)	10				
11		e (Schedule J)	11				
12		e instructions; attach schedule)	12				
13		nes 3 through 12	13	96,992.			96,992.
Par	+ II Deduction	ns Not Taken Elsewhere (See instruction	ions fo	r limitations on de	eductions.) (Dedu	uction	is must be
l u		nnected with the unrelated business in					
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
15	·	95			Γ	15	84,876.
16		enance				16	•
17						17	
18		hedule) (see instructions)				18	
19		s				19	
20		ch Form 4562)					
21		claimed on Schedule A and elsewhere on return				21b	
22						22	
23	Contributions to d	eferred compensation plans				23	4,055.
24		programs				24	23,087.
25		penses (Schedule I)				25	
26		o costs (Schedule J)				26	
27	Other deductions	(attach schedule)		SEE STATEME	NT 13	27	96,030.
28		Add lines 14 through 27				28	208,048.
29		s taxable income before net operating loss dedu				29	-111,056.
30		operating loss arising in tax years beginning on c					
						30	0.
31	,					31	-111,056.
LHA		Reduction Act Notice, see instructions.			Sci	nedule	M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
FOOD SERVICES SUPPLIES PURCHASED SERVICES OTHER MISCELLANEOUS EXPENSE		3,503. 89,026. 89. 3,412.
TOTAL TO SCHEDULE M, PART II, LI	INE 27	96,030.

Form 990-T (2019)							F	Page 3
THE COLORADO (84-04025	10		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					X
Schedule C - Rent Income (From Real	Property and	d Personal Property	Lease	ed With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	and personal property (if the percen personal property exceeds 50% or it ent is based on profit or income)	tage	3(a) Deductions directly columns 2(a) an	connected with the d 2(b) (attach sche	e income in dule)	
(1)								
(2)								
(3)								
(4)								
Total	٥.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	►		٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instructions)					
					3. Deductions directly conr		able	
			 Gross income from or allocable to debt- 	(2)	to debt-finance Straight line depreciation		(b) Other deductions	
1. Description of debt-fir	nanced property		financed property	("	(attach schedule)	(attach schedule)		5
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt on or allocable to debt-financed of or allocable to		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))		ons Iumns
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A).	Enter here a Part I, line		
Totals			•		0	.		Ο.
Total dividends-received deductions in				L				0.
						For	m 990-T	
						1 01		(=0.10)

923721 01-27-20

011-0561

Capital Gains and Losses Attach to Form 1120, 1120-FC, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 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

g

X No

20 Employer identification number

Nar	ne
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THE COLORADO COLLEGE

84-0402510	

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

Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) _{Cost}	(g) Adjustments to gair or loss from Form(s) 8949	1 9.	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	,	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					10
Form(s) 8949 with Box C checked					48.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kin			r	5	· · · · · · · · · · · · · · · · · · ·
6 Unused capital loss carryover (attach comput				6	() 48.
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai				7	40,
See instructions for how to figure the amounts		ristructions.)			
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 8949 Part II, line 2, column (g) 9,)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a 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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					499,793.
				11	
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions					
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h					499,793.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	48.
17 Net capital gain. Enter excess of net long-tern	,		,	17	499,793.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	l	18	499,841.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

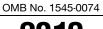
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

Form	8949
	ent of the Treasury evenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



12A

Social security number or taxpayer identification no.

THE	COLORADO	COLLEGE

THE COLORADO COLLEGE						84-04	102510
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was r	your broker. A su reported to the IR	bstitute S by your
Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions)	. For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	d to the IRS a	and for which no ad	justments or ctions).
You must check Box A, B, or C below. O	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separate	Form 8949, page 1, for	
(A) Short-term transactions rep					,		
(B) Short-term transactions rep					Note abov	(0)	
X (C) Short-term transactions no		-	-				
				(9)	Adjustment.	, if any, to gain or	(h)
(a) (b) (c) (c) (c) (c) (c) (c)							Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
YORKTOWN ENERGY PARTNERS X						udjuotinent	,
LP ,							48.
2 Totals. Add the amounts in colum	nns (d), (e), (a) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if B							48.
Note: If you checked Box A above b			was incorrect ent	er in column (e) the	basis as rei	ported to the IRS	, and enter an
adjustment in column (g) to correct t	•			. ,			

21030429 131839 011-056626-00

2019.05092 THE COLORADO COLLEGE

Form 8949 (2019)				Attachn	nent Seque	nce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if	shown on page 1			rity number or entification no.
THE COLORADO COLLEGE						84-0	402510
Before you check Box D, E, or F belo statement will have the same information	ation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem ır 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 see page 1.	DOX TO CHECK. Dons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instructio	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate	Form 8949, page 2, for	
If you have more long-term transactions than will (D) Long-term transactions rep							
(E) Long-term transactions rep		,		· ·		100)	
(F) Long-term transactions not							
1 (a)	(b)	(c)	(d)	(e)	Adiustmen	t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	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,							
LP							5.
EIG ENERGY FUND XIV-A, LP							3,992.
EIG ENERGY FUND XV-A, LP							<9,823.>
WALTON STREET REAL ESTATE							
FUND VI-E, LP							3,727.
WALTON STREET REAL ESTATE							
FUND VII-E, LP							28,171.
WALTON STREET REAL ESTATE							
FUND VIII, LP							488,959.
YORKTOWN ENERGY PARTNERS X,							
LP							<4,847.>
YORKTOWN ENERGY PARTNERS							
XI, LP				_			<2,695.>
CD&R FUND X ENERGY A, L.P.				_			<7,696.>
2 Totals. Add the amounts in colur	nns (d), (e), (q). 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							499,793.
Note: If you checked Box D above b			was incorrect, ent	ter in column (e) the	basis as r	eported to the IRS	S, and enter an
adjustment in column (g) to correct t	he basis. See C	<i>olumn (g)</i> in the s	separate instructi	ons for how to figur	e the amou	unt of the adjustm	ent.
923012 12-11-19							orm 8949 (2019)