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Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

DLN: 93493131040331

Open to Public

Form 99(
Department of th Treasury

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: THE COLORADO COLLEGE □ Address change 84-0402510 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14 E CACHE LA POUDRE ☐ Amended return ☐ Application pending (719) 389-6693 City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO $\,$ 80903 G Gross receipts \$ 342,506,550 Name and address of principal officer: H(a) Is this a group return for ROBERT G MOORE □Yes ☑No subordinates? 14 E CACHE LA POUDRE H(b) Are all subordinates COLORADO SPRINGS, CO 80903 ☐ Yes ☐No included? **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.COLORADOCOLLEGE.EDU L Year of formation: 1874 M State of legal domicile: CO K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: AT COLORADO COLLEGE OUR GOAL IS TO PROVIDE THE FINEST LIBERAL ARTS EDUCATION IN THE COUNTRY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,734 **6** Total number of volunteers (estimate if necessary) 6 248 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 1,048,342 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 19,095,879 66,547,983 Ravenue 150,148,997 9 Program service revenue (Part VIII, line 2g) . 151,129,667 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 68,486,268 76,079,038 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,414,794 3,586,302 243,126,608 296,362,320 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 39,037,945 42,046,644 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 88,172,705 91,118,068 Expenses 121,884 121,884 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶6,333,442 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 76,176,411 67,030,362 203,508,945 200,316,958 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 39,617,663 96,045,362 Net Assets or Fund Balances **Beginning of Current Year** End of Year 1,166,938,399 1,232,545,123 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 201,077,439 218,481,490 965,860,960 1,014,063,633 22 Net assets or fund balances. Subtract line 21 from line 20 . 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 Signature of officer Sign Here ROBERT G MOORE SR. VP FOR FINANCE & ADMIN Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-05-11 P00078514 Paid self-employed Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 220 S 6TH STREET SUITE 300 Phone no. (612) 376-4500 MINNEAPOLIS, MN 55402

☑ Yes ☐ No

Form	990 (2019)						Page 2
Pa	art III Statement	of Program Servi	ce Accomplis	hments			
	Check if Sched	lule O contains a resp	onse or note to	any line in this Part III .			✓
1	Briefly describe the or	ganization's mission:					
SEE	SCHEDULE O						
2	Did the organization u	ındertake any signific	ant program ser	vices during the year wh	nich were not listed on		
	the prior Form 990 or	990-EZ?				☐ Yes 🗹 l	No
	If "Yes," describe thes	se new services on So	hedule O.				
3	Did the organization o	cease conducting, or r	make significant	changes in how it condu	cts, any program		_
	services?					☐ Yes 🗸	No
	If "Yes," describe thes	se changes on Schedu	ıle O.				
4		l 501(c)(4) organizati	ons are required	I to report the amount of	argest program services, as meas f grants and allocations to others,		
4a	(Code:) (Expenses \$	180,094,093	including grants of \$	42,046,644) (Revenue \$	151,327,826)	
	See Additional Data						
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
		(5. 11. 1. 5.1					
4d	Other program service (Expenses \$	•	lule O.) :luding grants of	¢) (Revenue \$)	
_			180,094,0	<u> </u>) (Itevelide 4	j	
<u>4e</u>	Total program servi	ice expenses >	100,094,0	נכו			

	Charliet of Barrised Cahadulas			rage 3
Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .			No
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	5		
	Schedule D,Part 📆	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. S	11a	Yes	
	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 2	11b	Yes	
	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		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21		No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm QQ	0 (2019)

orm 9	990 (2019)			Page 4				
Part	Checklist of Required Schedules (continued)							
			Yes	No				
	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	Yes					
	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	Yes					
	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	Yes					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No				
	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		No				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No				
	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		No				
7	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							
	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):							
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes					
	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		No				
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes					
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes					
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes					
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No				
6	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		No				
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
8	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	Yes					
Part	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	. ;						
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3,459							
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			1				

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1						
	Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	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)? If "Yes," enter the name of the foreign country: CJ	4a	Yes					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
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		No				
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).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand	14-		No				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	-70						
	parachute payment(s) during the year?	15		No				
0	If "Yes," complete Form 4720, Schedule O.	16		No				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines ✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 31	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
		\square	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AZ , CA , CO , FL , GA , HI , IL , MA , NY , NC , OR , TN , UT , VA	MD, M	O, ND	, NM ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records:

NOBERT G MOORE SR VP FOR FINANCE & ADMIN 14 E CACHE LA POUDRE COLORADO SPRINGS, CO 80903 (719) 389-6693

policy, and financial statements available to the public during the tax year.

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Form **990** (2019)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 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) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. Sie 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
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it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estima amount of compens	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	90 (2019)	-	17 1		1								·	Page 8
Part V	· · · · · · · · · · · · · · · · · · ·		, Key I	-mpi			and	Higi				sonti.		
(A) Name and title		(B) Average hours per week (list any hours for related	than o	ne bo	n off or/t	t che inle: ficer rust	and a	son	Rep- comp fro orga	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	١ ،	ISC)	MISC)		relati organiza	ed
See Add	litional Data Table						<u> </u>					+		
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1b Sul	o-Total				Щ.		<u> </u>	<u> </u>		Т		┰┷		
c Tot	al from continuation sheets to Pa	rt VII, Section	Α		•		•							
	al (add lines 1b and 1c)						<u>•</u>			009,265	0	4		885,286
	otal number of individuals (including f reportable compensation from the o			e liste	ed al	bov	e) who	rec	eived mo	re than \$	\$100,000			
											Г		Yes	No
	oid the organization list any former on ne 1a? <i>If "Yes," complete Schedule J</i>			ee, ke •	•	mpl •	oyee,	or hi •	ghest co	mpensate • •	ed employee on	3		No
0	or any individual listed on line 1a, is rganization and related organizations idividual											4	Yes	
	old any person listed on line 1a receivervices rendered to the organization?									tion or in	ndividual for	5		No
	ion B. Independent Contract		-l :l					. l			+100 000 -5		_ L!	
	omplete this table for your five higher om the organization. Report compen	sation for the c									ion's tax year.	pens		
DON ADD	Name a	(A) nd business addre	ess							De FOOD SEF	(B) scription of services	\downarrow	(C Compen	
	ETTI MANAGEMENT COMPANY RKMONT ROAD									FOOD SER	KVICE		0,	,200,988
	TTE, NC 28217 DNSTRUCTION INC									BUILDING	SS SERVICES	\dashv	5,	,412,571
925 ELK														
COLORADO SPRINGS, CO 80907 SODEXO INC & AFFILIATES CUSTODIAL SERVICES									3,	,132,585				
POBOX 9	05374 ITE, NC 28290													
	N LAFFEN GALLOWAY ARCHITECTS									ARCHITEC	CTURAL SERVICES		1,	,990,323
	ORKS, ND 58203									DUTI DINC	CC CEDVICES	\dashv	4	011 222
2220 BU	' EXCAVATING INC SCH AVE									POTEDING	SS SERVICES		1,	,911,222
2 Tot	DO SPRINGS, CO 80904 al number of independent contractor		not lim	ited t	o th	ose	listed	abov	ve) who r	eceived	more than \$100,000) of		
con	pensation from the organization \triangleright 8	30											Form 99 6	0 (2019)

orm 9 Part										Page 9
		Check if Sched	dule	O contains a	n respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	s	1 a			revenue		512 - 514
ants	Ŀ	b Membership due	s.	· į	1 b					
. Gr	(c Fundraising even	nts .		1c					
iffts, ar A		d Related organiza		Į.	1d					
is, G		Government grants		· l	1e	1,798,438				
Contributions, Gifts, Grants and Other Similar Amounts		 All other contribution and similar amounts above Noncash contribution 	s not	included	1f	64,749,545				
n ii.	١	lines 1a - 1f:\$)IIS III	lciaded III	1 g	37,177,621				
<u>Co</u>	ı	h Total. Add lines	1a-1	f		•	66,547,983			
	_					Business Code				
	2a	TUITION & FEES				611310	128,565,551	128,565,551		
Program Service Revenue	b	AUXILIARY ENTERPR	ISES			611310	17,448,577	17,448,577		
vice R	c	TICKET SALES				713990	1,735,399	1,735,399		
n Ser	d	HEALTH SERVICES/F	EES/	I		524114	1,180,380			1,180,380
rograr	е	ATHLETIC REVENUE				611310	903,206	840,817		62,389
-	f	All other program	serv	rice revenue			315,884	56,305		259,579
	g	Total. Add lines 2	2a-2	f	. •	150,148,997		1		
		Investment income		luding divid		nterest, and other	27,294,659		487,219	26,807,440
		Income from invest				-				
	5 F	Royalties				>	•			
				(i) Rea	al	(ii) Personal	4			
	6a	Gross rents	6a		5,085	5				
	b	Less: rental expenses	6b		15,176	5				
		Rental income					7			
		or (loss) Net rental income	6c		-10,091	<u> </u>	_ -10,091			-10,091
	_	Tree remaining		(i) Secur		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	94,9	907,985	5,44	8			
	b	Less: cost or other basis and sales expenses	7b	41,:	371,418	4,757,63	6			
	С	Gain or (loss)	7с	53,	536,567	-4,752,18	8			
	d	l Net gain or (loss)					48,784,379	•		48,784,379
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	of						
e v	_	See Part IV, line 18			8a		_			
erf		Less: direct expen Net income or (los			8b ing ev	ents				
		Gross income from See Part IV, line 19	•		9a					
		Less: direct expen			9b activit	ies				
	Ī		,	55						
	10a	Gross sales of inve returns and allowa			10a					
	b	Less: cost of good	ls so	ld	10b		1			
	С	Net income or (los	_		invent	ory ►	-			
	11	Miscellaneo		evenue		Business Code 61171	0 2,885,642	2 681 177	204,465	
	-11	aOTHER REVENUE				611/1	2,003,042	2,681,177	204,463	
	b	CHILDCARE CENT	ER			61171	0 604,243		356,658	247,585
	С	INSURANCE PROC	CEED)S		61171	0 106,508			106,508
	d	All other revenue								
	е	Total. Add lines 1	1a-:	11d		•	3,596,393			
	12	Total revenue. S	ee ir	nstructions			296,362,320		1,048,342	77,438,169
							290,302,320	131,327,826	1,048,342	Form 990 (2019)

For	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c				mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 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 (non-employees):				
a	a Management				
ı	Legal	335,793	16,553	319,240	
	Accounting	120,741		120,741	
	Lobbying	28,295		28,295	
	e Professional fundraising services. See Part IV, line 17	121,884			121,884
	Investment management fees	1,652,538		1,652,538	<u> </u>
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,382,601	11,026,212	1,228,548	127,841
12	Advertising and promotion	566,092	456,555	75,011	34,526
	Office expenses	6,654,983	6,351,785	10,632	292,566
	Information technology	1,463,396	1,447,339	6,443	9,614
	Royalties	1,018,587	710,177	83,593	224,817
	Occupancy	2,954,071	2,923,871	28,430	1,770
	Travel	5,846,432	5,451,160	133,113	262,159
	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	396,022	345,871	19,548	30,603
	Interest	6,342,975	5,695,868	647,107	
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	2,116,469	1,405,904	710,565	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-7	2,000,000		
	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)

2

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Assets

11

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21

23

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27

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Page **11**

13,154,612

57,831,862

29,467,749

3,161,866

135.000

714.712

1,890,325

307,585,963

396,315,466 419,984,841

2,153,058

149,669

1,232,545,123

20,305,256

1.899.850

7,435

109.705.748

218.481.490

325,101,630

688,962,003

1,014,063,633

1,232,545,123

Form 990 (2019)

9,425,315

Check if Schedule O contains a response or note to any line in this Part IX		
	Begi	(/

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Notes and loans receivable, net

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Inventories for sale or use

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a 10b

b Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . . Investments-program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

448,776,209 141,190,246

682.820 1,782,211 265,964,538 367,616,717 441,342,764 2,950,295 704,907

Beginning of year

20,824,235

37,129,776

24,111,823

1,853,313

1.975.000

1,166,938,399

13,720,076

3.107.294

1,349,043

57,155,133

5,327,767

18,587

109,694,430

10,705,109

201.077.439

294,421,275

671,439,685

965,860,960

1,166,938,399

1

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17

18

24

25

26

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33

19 2,696,135 20 68,792,624 21 5,649,127 22 23

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 84-0402510 Name: THE COLORADO COLLEGE

Form 990 (2019)

Form 990, Part III, Line 4a:

TO PROVIDE UNDERGRADUATE AND MASTER-OF-ARTS IN TEACHING DEGREE PROGRAMS TO APPROXIMATELY 2,100 STUDENTS.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JILL TIEFENTHALER PRESIDENT	40.00	х		×				616,011	0	246,231
MARK HATCH VP FOR ENROLLMENT MANAGEME	40.00			х				532,526	0	98,386
ALAN R TOWNSEND PROVOST	40.00			х				378,335	0	48,887
	40.00									

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329,508

353,411

365,881

284,564

228,013

240,241

210,496

0

0

0

0

0

0

0

70,956

28,722

15,778

34,491

60,547

27,954

31,818

ALAN R TOWNSEND	40.00		\ _v		
PROVOST					,
MARK HILLE	40.00				
VP FOR ADVANCEMENT	•••••		X		:
MICHAEL HAVILAND	40.00				
HEAD HOCKEY COACH				×	

40.00

40.00

40.00

40.00

40.00

.

.

.

and Independent Contractors

ROBERT MOORE

SR VP FIN/ADMIN

VP FOR IT

MICHAEL EDMONDS

SANDRA WONG

TIMOTHY FULLER

PROFESSOR

VP FOR STUDENT LIFE

DEAN OF THE COLLEGE

BRIAN YOUNG

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JANE TURNIS VP FOR COMMUNICATIONS	40.00				х			183,276	0	41,494
KIM BRADFORD CHIEF OF STAFF	40.00					х		189,271	0	33,446
MICHAEL GRACE PROFESSOR	40.00					х		194,574	0	26,956
BARBARA WILSON	40.00				Х			190,527	0	27,386

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185,722

180,868

155,533

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21,755

17,470

25,985

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MICHAEL GRACE
PROFESSOR
BARBARA WILSON
ASSOC. VP FOR ADMIN. SERVI
CLAIRE GARCIA

DEAN OF FACULTY

OWEN C CRAMER

VP FOR ADVANCEMENT

ASSOC. VP FOR FINANCE

PROFESSOR

SEAN PIERI

LORIN SEAGER

SUSAN BURGHART

CHAIR

JEFF KELLER

VICE-CHAIR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trust		Key employee	Highest compens	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		,	î÷÷			sated				
MARC ST JOHN SECRETARY	1.00	X		x				0	0	0
MARGARET ALLON TRUSTEE	1.00	х						0	0	0
SAMUEL BRONFMAN TRUSTEE	1.00	Х						0	0	0
HEATHER CARROLL	1.00	Х						0	0	0

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SAMUEL BRONFMAN
TRUSTEE
HEATHER CARROLL
TRUSTEE
CAROLYN CULLEN

TRUSTEE

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TRUSTEE

JESSE HORN

JOSIAH ELLIS

.......

LISA HASTINGS

RYAN HAYGOOD

JEROME DEHERRERA

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AMY LOUIS TRUSTEE	1.00	Х						0	0	0
KISHEN MANGAT TRUSTEE	1.00	Х						0	0	0
MANUEL MARTINEZ	1.00									

KISHEN MANGAT	1.00	x			0	
TRUSTEE						
MANUEL MARTINEZ	1.00					
		Х			0	
TRUSTEE						
EBEN MOULTON	1.00					
	•••••	X			0	
TRUSTEE						

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and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

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LIZA MALOTT POHLE

ANTONIO ROSENDO

ROBERT J ROSS

JAROD RUTLEDGE

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MANUEL MARTINEZ		Х			l n	ا ما	1
TRUSTEE		Λ.					
EBEN MOULTON	1.00						
TRUSTEE		X			0	0	
TAFARI NIA LUMUMBA	1.00	V			0		
TRUSTEE		^					

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TRUSTEE							
EBEN MOULTON	1.00				0	0	
TRUSTEE		^					
TAFARI NIA LUMUMBA	1.00	v			0	0	
TRUSTEE		^			0	0	
NATALIE PHAM	1.00						

EBEN MOULTON	1.00	×				,	0	0
TRUSTEE							9	
TAFARI NIA LUMUMBA	1.00	×				0	0	0
TRUSTEE		^					3	
NATALIE PHAM	1.00							
		X	i l		I	1 0	0	0

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	f for a section and							(14, 2/4,000	(14/ 2/4000	La company to the second control of
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KYLE SAMUEL TRUSTEE	1.00	Х						0	0	0
MICHAEL B SLADE TRUSTEE	1.00	х						0	0	0
ANDY STENOVEC TRUSTEE	1.00	Х						0	0	0
PHILIP SWAN TRUSTEE	1.00	Х						0	0	0
BRIAN THOMSON TRUSTEE	1.00	X						0	0	0
JOHN TROUBH	1.00									

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TRUSTEE

TRUSTEE

JOHN WOLD

TRUSTEE

THAYER TUTT JR

....... **TRUSTEE**

LAUREN WATEL

LILY WEISSGOLD

STUDENT TRUSTEE

and Independent Contractors

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493131040331
SCI		ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza DO COLLEGE	tion				Employer identific	ation number
		DO COLLEGE					84-0402510	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	rganiz		a private foundation because	•	-		(A)(:)	
		•	onvention of churches, or as:					
2	✓		scribed in section 170(b)(1		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d I through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the san				
С		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	[functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	·	r '		Γ	
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. P. '	tion Act Notice, see the In	-4 f	Cat. No. 11285		 Schedule A (Form 9	

:	Support Schedule for (Complete only if you che If the organization failed	necked the box o	on line 5, 7, or 8	of Part I or if th	e organization f	ailed to qualify u	
-	Section A. Public Support	a to quanty unde	i tile tests listet	i below, please (ompiete rait III	,	
_	Calendar year	() 2045	(1.) 2016	() 2047	(I) 2010	() 2010	
	(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 grant.")	27,067,883	29,596,358	19,785,220	19,095,879	66,547,983	162,093,323
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	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						4,415,456
6	(f) Public support. Subtract line 5 from line 4.						157,677,867
9	Section B. Total Support	•	•	•	•		
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	27,067,883	29,596,358	19,785,220	19,095,879	66,547,983	162,093,323
8	Gross income from interest.	27,007,003	25,550,550	15,705,220	15,055,075	00,547,505	102,033,323
Ī	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	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	Gross receipts from related activities,	etc. (see instruction	ons)			12	710,607,958
13	First five years. If the Form 990 is f	or the organization	's first, second, th	ird. fourth. or fifth	tax vear as a sect	ion 501(c)(3) orga	nization.
	check this box and stop here						
5	Section C. Computation of Publi						<u> </u>
	Public support percentage for 2019 (li			column (f))		14	47.890 %
	Public support percentage for 2018 So					15	40.640 %
	33 1/3% support test—2019. If the						
	and stop here. The organization qua 33 1/3% support test—2018. If the	ifies as a publicly s	supported organiza	ation			. ▶ 🗹
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2019. If the ore on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he i	and line 14 r e. Explain	. ▶□
Ŀ	organization	st—2018. If the o zation meets the "	rganization did not facts-and-circumst	check a box on ling cances" test, check	ne 13, 16a, 16b, o this box and stop	r 17a, and line here.	▶□
18	supported organization						▶□
	instructions						►□

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(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.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	6 Public support percentage from 2018 Schedule A, Part III, line 15						
	Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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.	1

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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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. 3b

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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations. 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

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Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .

7 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). 8

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.

9a 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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) 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 .	11c		
S	ection B. Type I Supporting Organizations			
			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 henefit of any supported organization other than the supported organization(s) that	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III 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?			
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 supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	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.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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 activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the 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			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	8 Distributions to attentive supported organizations to which the 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			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable 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			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
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		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
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. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

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

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation CHILDCARE CENTER - 2015 AMOUNT: \$ 475.825. 2016 AMOUNT: \$ 510.840. 2017 AMOUNT: \$ 490.394. SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER 2018 AMOUNT: \$ 540,081. 2019 AMOUNT: \$ 247,585. OTHER REVENUE - 2015 AMOUNT: \$ 603,299. 2 016 AMOUNT: \$ 1,049,168. 2017 AMOUNT: \$ 766,333. 2018 AMOUNT: \$ 3,374,555. 2019 AMOUNT: \$ INCOME: 2.681.177. INSURANCE PROCEEDS - 2015 AMOUNT: \$ 5.795. 2019 AMOUNT: \$ 106.508.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

"political campaign activities")

EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-004

DLN: 93493131040331

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

Par	t I-B	Complete if the organ	nization is exempt under section	n 501(c)(3).		
1	Enter	the amount of any excise ta	ax incurred by the organization under se	ction 4955	>	\$0
2	Enter	the amount of any excise ta	ax incurred by organization managers ur	der section 4955		\$0
3	If the	organization incurred a sect	tion 4955 tax, did it file Form 4720 for tl	his year?		☐ Yes ☐ No
4a	Was a	correction made?				☐ Yes ☐ No
b	If "Ye	s," describe in Part IV.				
Par	t I-C	Complete if the orga	nization is exempt under section	n 501(c), exce	pt section 501(c)(3)) .
1	Enter	the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2			anization's funds contributed to other or			\$
3	Total	exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$
4	Did th	e filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organ of poli	ization made payments. For itical contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere see (PAC). If additional space is needed,	unt paid from the ed to a separate pe	filing organization's funds olitical organization, such a	. Also enter the amount
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
2						
}						
ļ						
;						

	Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	ed				
or eac	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
ctivity		Yes	No	/	Amoun	t
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a ∖	Volunteers?		No			
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
c N	Media advertisements?		No	1		
d N	Mailings to members, legislators, or the public?		No			
e F	Publications, or published or broadcast statements?		No			
	Grants to other organizations for lobbying purposes?		No	+		
g [Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			2	8,295
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	+		
i (Other activities?		No	+		
j 7	Total. Add lines 1c through 1i			+	2	8,295
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b I	If "Yes," enter the amount of any tax incurred under section 4912			1		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r sect	ion	Yes	No
1 \	Were substantially all (90% or more) dues received nondeductible by members?				1	
				1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
2 [Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?					
2 [3 [Part		 (5), o	r sect	2 3	501(c)(6
2 [3 [Part 1 [2]	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(5), o III-A	r sect	2 3	501(c)(6
2 [3 [2] a (Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A 1	r sect	2 3	501(c)(6
2 [3 [Part 1 [2 3 6 6	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b	r sect	2 3	501(c)(6
2 [3 [Part 1 [2 5 a (b (Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b 2c	r sect	2 3	501(c)(6
2 [3 [Part 1 [2 5 a (b (c 7	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	(5), o III-A 1 2a 2b	r sect	2 3	501(c)(6
2 [] Part 1 [] 2 [] 6 [] 6 [] 7 []	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b 2c	r sect	2 3	501(c)(6
2 [] Part 1 [] 2 [] 6 [] 6 [] 7 []	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o III-A 1 2a 2b 2c 3	r sect	2 3	501(c)(6
2 [] Part 1 [] 2 [] 6 [] 6 [] 7 []	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o III-A 2a 2b 2c 3	r sect	2 3	501(c)(6
2 [] 3 [] Part 1 [] 2 [] 6 [] 6 [] 7 []	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	(5), o III-A 1 2a 2b 2c 3	r sect	2 3 3;ion! 3, is		
2 [] Part 1 [] 2 [] 6 [] 6 [] 7 [] 7 [] 7 [] 7 [] 7 [] 7 [] 7 [] 7	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	(5), o III-A 1 2a 2b 2c 3	r sect	2 3 3;ion! 3, is		

EDUCATION.

THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO REPRESENT THE VIEWS OF THE PRIVATE HIGHER EDUCATION SECTOR AT THE STATE CAPITOL AND AT THE COLORADO COMMISSION ON HIGHER

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493131040331

OMB No. 1545-0047

2010

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.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

2019
Open to Public
Inspection

1111	COLONADO COLLEGE				84-04	02510	
Pa	rt I Organizations Maintaining Donor Adv				- Acco	unts.	
	Complete if the organization answered "Y	es" on Form 990,				b) Funds and other	r accounts
1	Total number at end of year	(a) Dollo	auviseu	Turius		b) Fullus allu otilei	accounts
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 advis	ore in writing that th	e accete	held in donor adv	riced fu	indo are the	
,	organization's property, subject to the organization's e					_	Yes 🗌 No
6	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, o	r for any	other purpose c]Yes □ No
Pa	rt II Conservation Easements. Complete if the organization answered "Y	es" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the orga						
	Preservation of land for public use (e.g., recreation	on or education)	☐ Pre	eservation of an	historic	ally important land	area
	Protection of natural habitat	,				historic structure	
	Preservation of open space			escrivation of a c	Littlica	mstorie structure	
_	, ,	1.6.			,		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservat	on contri	bution in the fori	norac F	Held at the End	of the Year
а	Total number of conservation easements			1	2a	noid at the line	0
b	Total acreage restricted by conservation easements .				2b		
С	Number of conservation easements on a certified history	ric structure included	l in (a) .		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06,	and not c	n a historic	2d		
3	Number of conservation easements modified, transferr tax year ▶	red, released, exting	uished, o	terminated by t	he orga	anization during the	!
	·	. , . ,	1.5				
4	Number of states where property subject to conservati						
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold				f violati	ions,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of vi	olations,	and enforcing co	nservat	ion easements duri	ing the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violatio	ns, and e	nforcing conserv	ation e	asements during th	e year
	> \$						
8	Does each conservation easement reported on line $2(d$ and section $170(h)(4)(B)(ii)$?				0(h)(4))(B)(i)	□ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the org					
Pai	Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historic		•	er Sim	ilar Assets.	
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its fina	.16 (ASC 958), not to r public exhibition, e	report in ducation,	n its revenue sta or research in fu			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:	16 (ASC 958), to re	ort in its	revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	0
	i)Assets included in Form 990, Part X						0
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	rical treasures, or ot	ner simila	r assets for finar			
а	Revenue included on Form 990, Part VIII, line 1	,	_			▶ \$	0
b	Assets included in Form 990, Part X					▶ \$	0
	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

d Equipment .

Sche	edule D (Form 990) 2019						Page 2
Par	t IIII Organizations Maintai	ning Collections o	f Art, Histor	ical Treas	sures, or Other	Similar Assets (c	ontinued)
3	Using the organization's acquisition items (check all that apply):	, accession, and other	records, check	any of the	following that are a	a significant use of its	collection
а	✓ Public exhibition		d	✓ Loa	n or exchange pro	grams	
b	Scholarly research		е	☐ Oth	ner		
С	✓ Preservation for future generation	ations					
4	Provide a description of the organiz Part XIII.	ation's collections and	explain how th	ey further t	he organization's e	exempt purpose in	
5	During the year, did the organization assets to be sold to raise funds rath		•				s 🗹 No
Pa	rt IV Escrow and Custodial Complete if the organiza X, line 21.		" on Form 990	O, Part IV,	line 9, or report	ed an amount on F	orm 990, Part
1a	Is the organization an agent, truste included on Form 990, Part X?						s 🗹 No
b	If "Yes," explain the arrangement in	n Part XIII and comple	ate the following	table:		Amount	
c	Beginning balance	'		•	1c	Amount	
d	Additions during the year				·		
е	Distributions during the year						
f	Ending balance				· · · 		
2a	Did the organization include an amo	ount on Form 990, Par	t X, line 21, for	escrow or	custodial account li	ability? 🗹 Yes	s 🗆 No
b	If "Yes," explain the arrangement in	n Part XIII. Check here	e if the explana	tion has bee	en provided in Part	хии У	
	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Yes	" on Form 990	O, Part IV,	line 10.		
		(a) Currer		Prior year	(c) Two years back	 	(e) Four years back
	Beginning of year balance		,923,962	735,920,222		+	688,990,390
b	Contributions		,774,040	4,016,681			11,563,380
	Net investment earnings, gains, and	losses 30	,219,897	65,580,670	45,772,369	82,694,180	-13,682,111
d	Grants or scholarships	12	,585,511	12,160,701	11,691,59	10,721,309	10,108,562
е	Other expenditures for facilities and programs	24	,162,903	21,432,910	20,638,90	1 19,984,145	16,657,411
f	Administrative expenses	. 1	,652,538				
g	End of year balance	779	,516,947	771,923,962	735,920,222	717,910,203	660,105,686
2	Provide the estimated percentage o	of the current year end	balance (line 1	.g, column (a)) held as:		
а	Board designated or quasi-endowm	ent ▶ 22.000 %					
b	Permanent endowment ► 23.00	00 %					
С	Temporarily restricted endowment	► 55.000 %					
	The percentages on lines 2a, 2b, ar	nd 2c should equal 100)%.				
3а	Are there endowment funds not in togranization by:	the possession of the o	organization tha	at are held a	and administered fo	or the	Yes No
	(i) unrelated organizations					3a	(i) Yes
	(ii) related organizations					За	(ii) No
b	If "Yes" on 3a(ii), are the related or	rganizations listed as r	equired on Sch	edule R? .			b
4	Describe in Part XIII the intended u	ises of the organizatio	n's endowment	funds.			
Pai	rt VI Land, Buildings, and E		U F 004	0 D-+ IV	line dda Cas Fa	000 Part V lin	- 10
	Complete if the organization of property (a)	tion answered "Yes" Cost or other basis	(b) Cost or othe				e 10. I) Book value
	Description of property (a)	(investment)	(S) Cost of other	. Judio (Otilei	, C) Accumulated	aspicolation (., Dook value
•	1			11 700 15			14 722 450
	Land			11,723,45	_	111 202 653	11,723,459
	Buildings			359,984,50	0	114,303,657	245,680,843
•	Leasehold improvements				1	ſ	

25,136,369

51,931,881

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

8,882,462

41,299,199

16,253,907

10,632,682

Part VII	Complete if the organization answered "Yes" on I	Form 990 Part IV line	11h See Form 990 [Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(1) Financial	(including name of security)		Cost or end-of-	year market value
	neld equity interests			
(3) Other (A) BENEFIC	IAL INTEREST IN PERPETUAL TRUSTS	34,447,010		F
	CAPITAL INVESTMENTS	121,817,673		F
	ATIVE INVESTMENTS			F
(D)	TIVE INVESTMENTS	263,720,158		<u>r</u>
(E)				
(F)				
(G)				_
(H)				
	a (h) must sout 5 mm 000 Part V and (D) (m 12)	440,004,044		_
	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	419,984,841		
	Complete if the organization answered 'Yes' on f (a) Description of investment	Form 990, Part IV, line		
	(a) Description or investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	.1d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			>
	Other Liabilities.			<u> </u>
1	Complete if the organization answered 'Yes' on F (a) Description of I		1e or 11f.See Form	(b) Book
1. (1) Federal i				value
(2) DEPOSIT				521,593
(3) ANNUITI				1,073,688
	IFE INCOME FUNDS ETIREMENT OBLIGATION			2,647,563 3,652,512
(6) OTHER P	OST RETIREMENT BENEFIT PLAN PAYABLE			619,959
(7) CC-FAC [DEBT RTNERSHIP DEBT			860,000 50,000
(9)				30,000
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.)			9,425,315
	or uncertain tax positions. In Part XIII, provide the text o			
uncertain tax	c positions under FIN 48 (ASC 740). Check here if the tex	kt of the footnote has been	provided in Part XIII	⊻ I

2

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

1

2e

3

4c

5

2e

3

4c

5

Page 4

-43,105,677

253,959,946

42,402,374

296,362,320

162,651,595

4,737,011

157,914,584

42,402,374

200.316.958

Schedule D (Form 990) 2019

а Net unrealized gains (losses) on investments b

Donated services and use of facilities

Other (Describe in Part XIII.) е Subtract line **2e** from line **1** 3

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.)

Add lines 2a through 2d .

Return Reference

C 5 Part XII Total expenses and losses per audited financial statements 1

Subtract line 2e from line 1

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

b

4

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

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

4a 4b

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

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

4,737,011

1,652,538

40.749.836

-50.223.187

7.117.510

1,652,538

40,749,836

chedule D (Form 990) 2019				
Part XIII Supplemental Information (continued)				
Return Reference Explanation				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 84-0402510

Name: THE COLORADO COLLEGE

COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE NOT CAPITALIZED B

Supplemental Information Return Reference

Explanation

PART III, LINE 4:

ECAUSE THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS A RE REPORTED IN THE YEAR OF ACOUISITION 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 TH E FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLL ECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE COLLEGE M AINTAINS AN ART COLLECTION FOR STUDENT RESEARCH AND STUDY, A COLLEGE ARCHIVE OF INSTITUTIO NALLY 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 C ENTURY AMERICAN ART, ALL USED TO ENHANCE CLASSROOM AND COMMUNITY EXPERIENCES.

Supplemental Information	
Return Reference	Explanation
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 ORGANIZAT IONS ARE NOT INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

Constituted To Constitute

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	COLORADO COLLEGE'S ENDOWMENT IS ADMINISTERED IN A MANNER CONSISTENT WITH DONOR RESTRICTION S 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 SEEK ING TO MAINTAIN THE PURCHASING POWER.

Supplemental Information	
Return Reference	Explanation
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. THE COLLEGE HAS ADOPTED THE REQUIREMENTS RELATED TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE COLLEGE EVALUATED ITS TAX POSITIONS 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 EXAMINATIO N BY FEDERAL AND STATE TAXING AUTHORITIES.

Cupplemental Information

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 2,380,498. LOSS ON SALE OF EQUIPMENT NETTED AG AINST REVENUE 4,752,188. RENTAL EXPENSES NETTED AGAINST REVENUE -15.176. I ADJUSTMENTS:

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE 40,749,836.						

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE 4,752,188. RENTAL EXPENSES NETTED AGAINST REVENUE -15,177. I ADJUSTMENTS:

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE 40,749,836.						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131040331 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** THE COLORADO COLLEGE 84-0402510 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

chedule E (Form 990 or 990EZ) (2019)						
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.						
Return Reference Explanation						
SCHEDULE E, PART I, LINE 3	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.					
SCHEDULE E, PART I, LINE 6	COLORADO COLLEGE RECEIVES GOVERNMENT FUNDING FOR FINANCIAL AID FOR THEIR STUDENTS. IN ADDITION THE COLLEGE RECEIVES					

| FEDERAL AND STATE FUNDING FOR RESEARCH IN THE FORM OF GRANTS. | Schedule F (Form 990 or 990-F7) (2019)

State	ement of A	Activities (Outoido the Uni		4 4	OMB No. 1545-0047
			outside the on	itea S	tates 🕆	OFIB 100, 1343 0047
(Form 990) ► Compl			lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, ▶ Attach to Form 990.			
					Employer ider	ntification number
					84-0402510	
		Outside the U	Jnited States. Comple	te if the	organization a	inswered "Yes" on
e grantees' or assistan Describe in	eligibility for th	e grants or assis	stance, and the selection	criteria	used 	☐ Yes ☐ No her assistance
	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
,	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	program spe	sérvice, describe ecific type of	(f) Total expenditures for and investments in the region
			regiony			
n sheets to	0	0				248,496,483
	0	0				11,045,066 259,541,549
	Formation art IV, line Does the or e grantees' or assistan Describe in States.	formation on Activities art IV, line 14b. Does the organization maine grantees' eligibility for thor assistance? Describe in Part V the organizates. (The following Part I, line 3 to offices in the region on sheets to 0	Formation on Activities Outside the Cart IV, line 14b. Does the organization maintain records to be grantees' eligibility for the grants or assistor assistance?	Formation on Activities Outside the United States. Completed art IV, line 14b. Does the organization maintain records to substantiate the amount agrantees' eligibility for the grants or assistance, and the selection or assistance? Describe in Part V the organization's procedures for monitoring the states. (The following Part I, line 3 table can be duplicated if additional space is region (c) Number of offices in the region (c) Number of contractors in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) o o o on sheets to o o o	Formation on Activities Outside the United States. Complete if the lart IV, line 14b. Does the organization maintain records to substantiate the amount of its grantees' eligibility for the grants or assistance, and the selection criteria or assistance? Describe in Part V the organization's procedures for monitoring the use of itstates. (The following Part I, line 3 table can be duplicated if additional space is needed. (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in the region (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) (e) If activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	Employer ider 84-0402510 Formation on Activities Outside the United States. Complete if the organization a fart IV, line 14b. Does the organization maintain records to substantiate the amount of its grants and a grantees' eligibility for the grants or assistance, and the selection criteria used or assistance? Describe in Part V the organization's procedures for monitoring the use of its grants and ot itates. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in the region (d) Activities conducted in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region (a) Activities conducted in region (by type) (such as, fundraising, program service, describe specific type of service(s) in the region o 0 0 o n sheets to 0 0 0 o 0

Cat. No. 50082W

Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ 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	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	· ·	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	☑ No

chedule F (Form 990)	2019 Page 5						
Provide amount method)	mental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide itional information. See instructions.						
00 Schedule F, Supplemental Information							
Return Reference	Explanation						

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

PART I, LINE 2:

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	THE COLLEGE USES THE ACCRUAL METHOD TO REPORT EXPENDITURES ON SCHEDULE F.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

SUB-SAHARAN AFRICA

Software ID: Software Version:

EIN: 84-0402510

Name: THE COLORADO COLLEGE

UNDERGRADUATE

CLASSES

32,460

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0		UNDERGRADUATE	650,543

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SOUTH AMERICA 0 PROGRAM SERVICES UNDERGRADUATE 348,328 CLASSES SOUTH ASIA 0 PROGRAM SERVICES **UNDERGRADUATE** 5,354 CLASSES

Form 990 Schedule F Par	Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
EAST ASIA AND THE PACIFIC	0	0		UNDERGRADUATE CLASSES	39,890					
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	275,533					

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) RUSSIA AND NEIGHBORING 0 PROGRAM SERVICES UNDERGRADUATE 2,905 STATES CLASSES CENTRAL AMERICA AND THE 0 INVESTMENTS (BOOK 247,141,470 IN/A CARIBBEAN IVALUE)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) CENTRAL AMERICA AND THE 0 INVESTMENTS (FEES) IN/A 4,130,039 CARIBBEAN **EUROPE** 0 INVESTMENTS (BOOK 6,759,000 IN/A IVALUE)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) FUROPE 0 INVESTMENTS (FEES) 135,180 IN/A MIDDLE EAST AND NORTH 0 PROGRAM SERVICES UNDERGRADUATE 500 AFRICA - ALGERIA, BAHRAIN, CLASSES DJIBOUTI, EGYPT,

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) 0 PROGRAM SERVICES UNDERGRADUATE 20,347 NORTH AMERICA CLASSES

SCHEDULE G

Department of the Treasury

Internal Revenue Service

DLN: 93493131040331

Inspection

OMB No. 1545-0047

Supplemental Information Regarding (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

►Attach to Form 990 or Form 990-EZ.

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

2019 Open to Public

	ne of the organization ECOLORADO COLLEGE						Employer ide	ntification number
	COLORADO COLLEGE						84-0402510	
Pa	Fundraising Activi	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	.7.
1	Indicate whether the organiza	ation raised funds thr	ough any	of the fo	ollowing activities. Check	all that ap	ply.	
а	✓ Mail solicitations			е	✓ Solicitation of non-	-governme	ent grants	
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment gı	rants	
С	✓ Phone solicitations			g	✓ Special fundraising	g events		
d	✓ In-person solicitations							
2a	Did the organization have a w or key employees listed in Fo							es 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$:			draisers)	pursuant to agreements	under whic	ch the fundraise	r is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
		CONSULTING AND	Yes	No				
	ALUMINATE 820 W JACKSON BLVD	RESEARCH		No	0		10,000	
	CHICAGO, IL 60607 RONALD VANDEN DORPEL	CAMPAIGN						
	194 PLEASANT ST	COUNSEL		No	0		4,000	ı
	RUMFORD, RI 02916							
Tot	al			.▶			14,000	
3	List all states in which the organ	nization is registered	or licens	ed to soli	cit contributions or has b	een notifie	ed it is exempt f	rom registration or

AK, KY, MA, MD, MI, NV, NH, NY, ND, OH, OK, OR, SC, WA, WI, AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, LA, ME, MN, MO, NJ, NM, NC, PA, RI, TN, UT, VA, WV, MS, CO

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment Other direct expenses				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d) through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column tion conducts gaming activations activities in each column.	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	
a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

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

OMB No. 1545-0047

2019

DLN: 93493131040331

Open to Public Inspection

nternal Revenue Service							
ame of the organization HE COLORADO COLLEGE						Employer identific	ation number
						84-0402510	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria used						ce, and	☑ Yes ☐ No
Describe in Part IV the org	•	_	=				
Part II Grants and Other	Assistance to Don	nestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectEnter total number of other							

(Form 990)

Department of the

Treasury

N/A

N/A

(3) (4)

(5)

42,046,644

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

1043

JUPON CRITERIA ESTABLISHED BY THE COLLEGE.

Schedule I (Form 990) 2019

(2)

(1) FINANCIAL AID TO STUDENTS

(6) (7)

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

Part IV Return Reference Explanation

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

Schedule I (Form 990) 2019

Page 2

efil	e GRAPHIC pi	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 93	49313	31040	331		
Sch	nedule J	Con	npensati	ion Information	OI	ИВ No.	1545-0	0047		
(Fori	m 990)		Compensa nization answ	rustees, Key Employees, and High ated Employees vered "Yes" on Form 990, Part IV, n to Form 990.		2019				
-	tment of the Treasury	► Go to <u>www.irs.gov/</u>		instructions and the latest inform	nation.	Open t				
	al Revenue Service ne of the organiz	l ation			Employer identifica		ectio ımber			
THE	COLORADO COLLEG	GE			84-0402510					
Pa	rt I Questi	ons Regarding Compensatio	on		0+ 0+02310					
							Yes	No		
1 a				f the following to or for a person listed y relevant information regarding thes						
	First-class	s or charter travel	$ \checkmark $	Housing allowance or residence for I	personal use					
		companions		Payments for business use of person						
		nification and gross-up payments	✓	Health or social club dues or initiation						
	□ Discretion	nary spending account	V	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes			
2				or allowing expenses incurred by all	- 1-2	2	Yes			
	directors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked on Lin	elar					
3	organization's C	EO/Executive Director. Check all th	nat apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i						
	☐ Compens	ation committee	П	Written employment contract						
		ent compensation consultant	<u></u>	Compensation survey or study						
	☐ Form 990	of other organizations	✓	Approval by the board or compensar	tion committee					
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a					
а	Receive a sever	ance payment or change-of-contro	l payment? .			4a		No		
b	Participate in, o	r receive payment from, a supplem	nental nonqual	ified retirement plan?		4b	Yes			
c	•			nsation arrangement?		4c		No		
	ir res to any o	or lines 4a-c, list the persons and p	rovide the app	plicable amounts for each item in Part	1111.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section A ontingent on the revenues of:		the organization pay or accrue any						
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any						
а	The organization	1?				6a		No		
b	, -					6b		No		
	· ·	6a or 6b, describe in Part III.								
7	For persons liste payments not d	ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"	A, line 1a, did describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes			
8	subject to the ir	nitial contract exception described i	n Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No		
9				presumption procedure described in		9				
For F	Panerwork Redu	iction Act Notice, see the Instru	uctions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Form	1 990)	2019		

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Info	rmation
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.
Return Reference	Explanation
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 MARK

IHATCH - 50,000 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 IBONUSES ARE A 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 2%-5% 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

Schedule 1 (Form 990) 2019

Software ID: Software Version:

EIN: 84-0402510

Name: THE COLORADO COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	₃ J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1JILL TIEFENTHALER PRESIDENT	(i)	532,731	50,000	33,280	178,000	68,231	862,242	0
	(ii)	0	0	0	0	0	0	0
1MARK HATCH VP FOR ENROLLMENT	(i)	216,381	0	316,145	74,286	24,100	630,912	295,157
MANAGEME	(ii)	0	0	0	0	0	0	0
2ALAN R TOWNSEND	(i)	320,095	25,000	33,240	28,000	20,887	427,222	0
PROVOST	(ii)	0						
3MARK HILLE	(i)	226,422	0	103,086	49,810	21,146	400,464	82,081
VP FOR ADVANCEMENT	(ii)							
4MICHAEL HAVILAND	(i)	344,511	6,623	2,277	28,000	722	382,133	0
HEAD HOCKEY COACH								
5ROBERT MOORE	(ii) (i)	318,935	25,000	21.046	14 000	1 770	381,659	0
SR VP FIN/ADMIN	l		25,000	21,946	14,000	1,778	381,659	
6 BRIAN YOUNG	(ii) (i)	243,503	0	0	0	0	0	0
VP FOR IT		243,303	20,000	21,061	26,535	7,956	319,055	0
TMTCHAFL FRMONDS	(ii)	0	0	0	0	0	0	0
7 MICHAEL EDMONDS VP FOR STUDENT LIFE	(i)	194,123	20,000	13,890	21,070	39,477	288,560	0
_	(ii)	0	0	0	0	0	0	0
8 SANDRA WONG DEAN OF THE COLLEGE	(i)	210,142	10,000	20,099	19,998	7,956	268,195	0
	(ii)	0	0	0	0	0	0	0
9TIMOTHY FULLER PROFESSOR	(i)	209,828	0	668	20,596	11,222	242,314	0
	(ii)	0	0	0	0	0	0	0
10 JANE TURNIS VP FOR COMMUNICATIONS	(i)	169,481	12,500	1,295	17,698	23,796	224,770	0
	(ii)	0	0	0	0	0	0	0
11KIM BRADFORD CHIEF OF STAFF	(i)	178,687	10,000	584	17,986	15,460	222,717	0
CHE OF STAIT	(ii)	0	0	0	0	0	0	0
12MICHAEL GRACE PROFESSOR	(i)	193,954	0	620	19,000	7,956	221,530	0
PROFESSOR	(ii)	0	0	0				0
13BARBARA WILSON	(i)	168,722	1,000	20,805	18,634	8,752	217,913	0
SERVI	(ii)	0						
14CLAIRE GARCIA	(i)	189,960	0	548	19,034	7,990	217,532	0
DEAN OF FACULTY	(ii)							
150WEN C CRAMER	(i)	185,113	0	609	19,133	2,622	207,477	0
PROFESSOR	l							
16 SEAN PIERI	(ii) (i)	180,418	0	450	12.610	2 260	100 220	0
VP FOR ADVANCEMENT	l			450	13,610	3,860	198,338	
17LORIN SEAGER	(ii) (i)	155,083	0	0	0	0	0	0
ASSOC. VP FOR FINANCE		155,065	0	450	13,875	12,110	181,518	
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

Supplemental Information on Tax-Exempt Bonds

2019

OMB No. 1545-0047

DLN: 93493131040331

Department of the Treasury

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

▶ Attach to Form 990.

(Form 990)

	rtment of the Treasury nal Revenue Service	▶G	o to www.irs.aov/	FALLACH TO FORM 99 Form990 for instruct		e latest	t informa	ation.				O,	Inspecti	ion	
Name	of the organization									Emplo	yer ident		n numbe		
1 HE	COLORADO COLLEGE									84-04	02510				
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f)	Description	on of purpose	(g) De	efeased	beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	EL PASO COUNTY COLORADO	84-6000764	28337LCB2	02-18-2010	51,5	97,849	REFUND 2006	SERIES 2	2003, 2004 &		Х		Х		Х
В	EL PASO COUNTY COLORADO	84-6000764	28337LCX4	05-24-2012	39,3	99,704	CAPITAL OF ISSU		EMENTS & COST	-	Х		Х		Х
С	EL PASO COUNTY COLORADO	84-6000764		04-30-2015	16,7	30,000	REFUND	SERIES 2	2005 - 2015A		Х		Х		Х
D	EL PASO COUNTY COLORADO	84-6000764		04-30-2015	16,3	25,000	REFUND	SERIES 2	2010 - 2015B		Х		Х		Х
Pa	rt III Proceeds														
_	A					Α		E						D	
1	Amount of bonds retired					48,897	7,849		26,184,704		665,	.000		1,7	785,000
2	Amount of bonds legally defease														
3	Total proceeds of issue					51,597	7,849		39,399,704		16,730,	.000		16,3	325,000
4	Gross proceeds in reserve funds														
5	Capitalized interest from procee					535	5,860		593,312		173,	.270			164,979
6	Proceeds in refunding escrows .						2 0 4 0 7 0 4						13,750,		
7	Issuance costs from proceeds .					532	2,849		419,704		208,	.258		:	150,843
8	Credit enhancement from proce														
9	Working capital expenditures from														
10	Capital expenditures from proce								38,980,000						
11	Other spent proceeds					51,065	5,849				16,521,	.742		2,4	424,157
12	Other unspent proceeds														
13	Year of substantial completion .			• •		010		20		20				2015	
					Yes	No	P	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of bonds (or, if issued prior to 201	or a current refunding .8, a current refundin	g issue of tax-exemp g issue)? . . .		X				X	Х					X
15	Were the bonds issued as part of bonds (or, if issued prior to 201	of an advance refundi	ing issue of taxable			Х			Х		Х		Х		
16	Has the final allocation of proce	eds been made? .			Х			Х		Х			Х		
17	Does the organization maintain proceeds?				Х			Х		Х			Х		
Pa	rt Ⅲ Private Business Us						<u> </u>		1						
						A		E	3	C	;			D	
					Yes	No	o	Yes	No	Yes	No		Yes		No
1	Was the organization a partner financed by tax-exempt bonds?	in a partnership, or a	member of an LLC,	which owned property		X			Х		Χ				Χ
l		<u> </u>	· · · · ·	<u> </u>	-	 								+	

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

За

6

8a

Part IV

а

b

C

Arbitrage

Page **2**

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2019

D

Χ

Χ

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Yes

Χ

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No

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Yes

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Χ

No

Χ

Χ

Χ

Χ

Х

C

Χ

Χ

	bond-financed property?	,,	,	· ^ !	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х	Х	Х	

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

	Yes	No	Yes	No	Yes	
Were gross proceeds invested in a guaranteed investment contract		Х		Х		

Schedule K (Form 990) 2019

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

No

Yes

No

Yes

Yes

Page 3

No

D

D

Nο

Yes

Yes

Χ

Nο

DLN: 93493131040331 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE COLORADO COLLEGE 84-0402510 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No EL PASO COUNTY COLORADO 84-6000764 10-09-2019 20,745,000 CAPITAL IMPROVEMENTS & COST Х Χ OF BONDS Part ${
m I\hspace{-.1em}I}$ **Proceeds** В C Α D 2 3 20,745,000 5 6 7 245,000 8 9 10 2,755,400 11 12 17,744,500 13 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Schedule K (Form 990) 2019

За

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

		A		Α		В		С		D
	Yes	No	Yes	No	Yes	No	Yes	No		
Are there any management or service contracts that may result in private business use of bond-financed property?		Х								

	bona mianeca property.				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
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?				-

0 %

0 %

0 %

В

No

Yes

C

No

Yes

Χ

Х

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Yes

Х

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

Yes	No	
	>	

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes No

No

Yes

Yes

В

Yes

No

No

Yes

Nο

Nο

Page 3

No

D

D

Yes

Yes

efile GRAPHIC	C print -	DO NO	T PROCES	S As I	iled Data -					DLN: 93	34931	3104	40331
Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	S		0	MB No.	1545	-0047
(Form 990 or 990	1990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26				26,	2019							
			27, 28a,		8c, or Form 99 ch to Form 99			ЮЬ.			4	/ 	フ
Department of the Trea Internal Revenue Servi		⊳ G	o to <u>www.ii</u>		rm990 for inst			ormatio	n.		Open Inst	to Pu ecti	
Name of the orga								Emp	loyer i	dentifica	ation n	umb	er
THE COLORADO CO	LLEGE							84-0	402510)			
Part I Exce	ss Benef	it Tran	sactions (section 50	1(c)(3), section !	501(c)(4), and	section 501(c)(29) or	ganizat	ons only).		
					Form 990, Part								
1 (a)	Name of	disqualif	ied person	(p)	Relationship be	etween disqual organization	lified person ar	ıd (c	Descr (transa	iption of	_ <u>`</u>		rected?
						Ji gainization			transa	Ction	Y	es	No
								1					
4958					managers or dis nbursed by the o			year und	ler sect	ion * \$ —— * \$ <u>——</u>			
Part II Loa	ne to an	d/or F	rom Inter	ostod De	reone								
Con	plete if the	e organi		red "Yes" i	on Form 990-EZ,	, Part V, line 3	8a, or Form 99	0, Part	V, line	26; or if	the org	aniza	tion
(a) Name of					to or from the	(e) Original	(f) Balance	(g) I		(h)		i) Wri	tten
interested person	with organ	organization	ganization of loan	org	organization?	principal amount	due	b		proved by agreen pard or nmittee?		jreem	ient?
				То	From	1		Yes N	o Ye		Yes		No
									_				
						1							
Total .					<u> </u>	<u> </u>							
	nts or As	ssistan	ce Benefit	ing Inte	rested Perso								
					es" on Form 9		line 27.						
(a) Name of inter	ested pers		Relationship erested perso	n and the	(c) Amount	of assistance	(d) Type o	of assista	ince	(e) Pu	rpose o	of assi	istance
(1)			organizat	ion		51 851	TUITION REM	ISSION		FINANCI	'AL ATD		
(-)						31,031	1011101111211	1001011		11171110	., (2 , (10		
							1						
		_											
For Paperwork Red	uction Act	Notice s	ee the Instru	ctions for F	 orm 990 or 990-F	Z. Ca	l at. No. 50056A		Schedu	e L (Forn	1 990 0	- 000-	F7) 201

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz rever	f :ation's
				Yes	No
(1) KEVIN RASK PROFESSOR - ECONOMICS D	FAMILY MEMBER OF PRESIDENT JILL TIEFENTHALER	176,819	EMPLOYMENT COMPENSATION		No
(2) LAURA ROSENDO	FAMILY MEMBER OF TRUSTEE ANTONIO ROSENDO	113,270	EMPLOYMENT COMPENSATION		No

Explanation

Schedule I (Form 990 or 990-F7) 2019

Part V **Supplemental Information**

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

Return Reference

DLN: 93493131040331 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COLORADO COLLEGE 84-0402510 Part I **Types of Property** (a) (b) (d) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 41,201 FAIR MARKET VALUE Art—Works of art . . Χ Art—Historical treasures Χ 500 FAIR MARKET VALUE 3 Art—Fractional interests 4 Books and publications Χ 20,661 FAIR MARKET VALUE 5 Clothing and household 600 FAIR MARKET VALUE Χ goods Cars and other vehicles . . Boats and planes . . 8 Intellectual property . . 1,463,891 FAIR MARKET VALUE Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . 12 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . Real estate—Residential . 33,460,000 FAIR MARKET APPRAISAL **16** Real estate—Commercial . Χ 17 Real estate—Other . . Collectibles Χ 25,100 FAIR MARKET VALUE 18

1

315,465 FAIR MARKET VALUE

4,500 FAIR MARKET VALUE

3,700 FAIR MARKET VALUE

1,853 FAIR MARKET VALUE

150 FAIR MARKET VALUE

2

No

Nο

Yes

Yes

Yes

30a

31

32a

Schedule M (Form 990) (2019)

29

Cat. No. 51227J

Food inventory . . .

22 Historical artifacts .

Other ► (DINNER

23 Scientific specimens . Archeological artifacts . .

Drugs and medical supplies . **21** Taxidermy

DISCOUNTED

SUPPLIES TO BUILD CUSTOM **FURNITURE** Other ► (FOR MUSEUM) Other ▶ (<u>ART</u> SUPPLIES)

b If "Yes," describe the arrangement in Part II.

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

b If "Yes," describe in Part II.

describe in Part II.

COST OF **STEINWA** Other ► (AND BENCH) CAMPAIGN

Χ

Χ

Χ

Χ

Number of Forms 8283 received by the organization during the tax year for contributions

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

19 20

24

28

31

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTORS WAS USED FOR PART I.
•	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)

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -		DLN:	93493131040331
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Name! 88 threvologanizat	Complete to provid Form 990 or 9 ► Go to <u>ww</u>	de information for 990-EZ or to provi ► Attach to Form	on to Form 990 or 9 responses to specific questing any additional information 990 or 990-EZ.	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection fication number
THE COLORADO COLLEGE				84-0402510	
990 Schedule O,	Supplemental Information				
Return Reference			Explanation		
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	AT COLORADO COLLEGE OUR Y. DRAWING UPON THE ADVEI ONE COURSE AT A TIME, TO DRE THEM FOR LEARNING AND TS MISSION OF EDUCATING FOND THE SKILLS OF CRITICAL JE OF SMALL CLASSES AND TH GE PROVIDES A VARIETY OF SXPRESSION, AND PERSONAL OND LABORATORY, IN RESIDEN EIGN COUNTRIES, THE COLLE ILITIES OF THOUGHT AND ACT THE ACHIEVEMENTS OF THE ACHIEVEMENTS OF THE ACHIEVEMENTS OF THE BUSING THE ACTIVE LEARNING HAPPENS WEEKS IN SMALL CLASSES IN EAS. WE ARE CONFIDENT THA RICULAR SYSTEM FOSTER A BUSING SOF COLORADO COLLEGE TIES.	NTUROUS SPIRIT DEVELOP THOSE HELEADERSHIP THEOR OUR TIME WHI UDGMENT, PERSO DE UNIQUE LEARN GROWTH. IN THE SET ON WE EXPLORE HUMAN PAST, AND OUT DECOGNIZE RELEV, RESS THEM TO RE AS EFFECTIVELY, Y VISION THAT CA MANE WORLD. CO DE BEST WHEN STU WHICH NO TICKING AT THE LEARNING KIND OF INTELLEC	OF THE ROCKY MOUNTAIN WABITS OF INTELLECT AND IMPOUGHOUT THEIR LIVES. COIDEN IT GRADUATES WOMEN A DNS WHO HAVE LEARNED HO ING OPPORTUNITIES OF THE IRONMENTS FOR INTELLECT STUDIO AND ON THE STAGE, IN PLAYING FIELDS, IN THE LOSTUDENTS WITH UNFAMILIAFE WITH THEM THE COMPLEXION THE URGENT SOCIAL AND MANT EVIDENCE IN VARIOUS FEAD CAREFULLY, THINK CRIT WITH PRECISION AND GRACE, IN INSPIRE BOTH ACTION AND INSPIRE SOTH ACTION AND INSPIRE BOTH ACTION AND INSPIRE BOTH ACTION AND INSPIRE SOTH ACTION AND INSPIRED TO THE SOTH ACTION AND INSPIRED TO THE SOURCE SOTH ACTION AND INSPIRED TO THE SOURCE S	VEST, WE CHALLE IAGINATION THATLORADO COLLEG ND MEN WITH ME DW TO LEARN. TA BLOCK PLAN, CO TUAL DEVELOPME IN CLASSROOM DCAL COMMUNITY R PERSPECTIVES ITIES OF THE NATMORAL ISSUES O TIELDS OF INQUIR TICALLY, REFLECT TICALLY, REFL	ENGE STUDENTS, IT WILL PREPA SE SUCCEEDS IN I ENTAL AGILITY A KKING ADVANTAG DLORADO COLLE ENT, CREATIVE E AND LIBRARY A Y AND IN FOR AND NEW POSSIB IURAL WORLD, IF THE PRESENT RY AND HOW TO IT THOUGHTFU GE THEIR PER L ENABLE THEM NVICTION THA IY FOR SEVERAL (CHANGE OF ID STINCTIVE CUR D ENRICH THE L

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF THE BOARD, PLU S THE CHAIRPERSON OF EACH OTHER STANDING COMMITTEE. THE EXECUTIVE COMMITTEE GOVERNS THE CO LLEGE DURING ANY PERIOD BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, BUT ONLY WHEN URGENT CI RCUMSTANCES 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 C OLLEGE OR REMOVE HIM OR HER FROM OFFICE; CHANGE THE FIXED POLICY OF THE BOARD; AMEND OR SU SPEND THE BYLAWS; APPROVE THE ANNUAL BUDGET; APPROVE THE ANNUAL AUDIT; SELL, MORTGAGE OR O THERWISE HYPOTHECATE THE ASSETS OF THE COLLEGE EXCEPT IN THE NORMAL COURSE OF BUSINESS; OR OVERRULE ANY ACTION OF THE BOARD WITHOUT THE EXPRESS APPROVAL OF THE BOARD. THE EXECUTIVE COMMITTEE IS ALSO RESPONSIBLE FOR PERIODIC REVIEW OF THE PRESIDENT'S PERFORMANCE OF HIS O R HER RESPONSIBILITIES.

Return Explanation
Reference

FORM 990, PUBLIC BROADCASTING OF COLORADO (CPR) AND THE COLLEGE COLLABORATED OVER MANAGEMENT OF THE KRCC RADIO STATION. MANAGEMENT OVERSIGHT HAS BEEN DELEGATED TO CPR, AND THE BOARD AND COLL SECTION A, EGE SENIOR VP FOR FINANCE AND ADMINISTRATION ROBERT G. MOORE MEET REGULARLY TO DISCUSS REL LINE 3.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALUMNI TRUSTEES ARE ELECTED BY ALUMNI AT LARGE AND APPROVED BY THE BOARD OF TRUSTEES FOR N ON-RENEWABLE TERMS OF SIX YEARS FROM AMONG THOSE ALUMNI OF THE COLLEGE NOMINATED BY THE ALUMNI ASSOCIATION BOARD (AAB). THE PRESIDENT OF THE COLLEGE AND THE PRESIDENT OF THE AAB SE RVE AS VOTING MEMBERS OF THE BOARD DURING THEIR TERMS IN OFFICE. THE IMMEDIATE PAST PRESIDENT OF THE AAB SERVES AS A VOTING MEMBER OF THE BOARD FOR A TERM OF TWO YEARS. IN THE CASE OF A VACANCY IN AN ALUMNI TRUSTEE POSITION, THE AAB MAY SELECT A SUCCESSOR FOR THE UNEXPIRED PORTION OF THE TERM OF THE ALUMNI TRUSTEE WHOSE POSITION IS VACANT, SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES.

Reference	Explanation
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 SENIOR VICE PRESIDENT OF FINANCE AND ADMINISTRATION OF COL ORADO 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.

Funlamation

Return Reference	Explanation
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 PRESID ENT, AND THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION. THE CURRENT POLICY, ADO PTED 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.
1	

Return

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 AGR EED UPON SALARY ADJUSTMENTS AND OR BONUS. THE LAST YEAR THIS PROCESS WAS PERFORMED WAS 202 0. THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA OF COMPARABLE PO SITIONS IN THE MARKET THAT INCLUDES ATTENTION ON HIGHER EDUCATION AND PEER INSTITUTIONS.TH ESE 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 P ROCESS WAS PERFORMED WAS 2020.	Reference	
	PART VI, SECTION B,	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 AGR EED UPON SALARY ADJUSTMENTS AND OR BONUS. THE LAST YEAR THIS PROCESS WAS PERFORMED WAS 202 0. THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA OF COMPARABLE PO SITIONS IN THE MARKET THAT INCLUDES ATTENTION ON HIGHER EDUCATION AND PEER INSTITUTIONS. TH ESE 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 T HE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION FOR APPROVAL. THE LAST YEAR THIS P

Explanation

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

COLORADO COLLEGE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR A VALID BUSINESS PURPOSE. OTHER GOVERNING DOCUMENTS ARE ALSO AVAILABLE ON THE COLLEGE'S WEBS ITE.

Return Reference	Explanation
FORM 990, PART VI, LINE 13	COLORADO COLLEGE DOES NOT HAVE A FORMAL WHISTLEBLOWER POLICY, HOWEVER THE COLLEGE DOES PRO VIDE AN OMBUDS OFFICE AS A CONFIDENTIAL RESOURCE FOR FACULTY AND STAFF WHICH OFFERS AN INF ORMAL AND SAFE ENVIRONMENT FOR DISCUSSION. THE OMBUDS PERSON COMPLETES THE FOUNDATION OF O MBUDS THREE DAY COURSE TAUGHT BY THE INTERNATIONAL OMBUDSMAN ASSOCIATION, AS WELL AS COURS ES IN MEDIATION TRAINING AND CONFLICT COACHING. THE COLLEGE'S OMBUDS PERSON IS A CONFIDENT IAL RESOURCE FOR FACULTY AND STAFF THAT IS INDEPENDENT OF ANY OFFICE ON CAMPUS. ADDITIONAL LY, 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.

Return Explanation

Reference	
· · · · · · · · · · · · · · · · · · ·	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 2,380,498.

PART XI, LINE 9:

Return Explanation

Reference	
	THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.
LINE 2C	

SCHEDULE R
(Form 990)

Related

Name, address, and EIN (if applicable) of disregarded entity

Name, address, and EIN of related organization

Department of the Treasury

THE COLORADO COLLEGE

Internal Revenue Service

Name of the organization

Part I

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.

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

(b)

Primary activity

(b)

Primary activity

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

(c)

Legal domicile (state

or foreign country)

OMB No. 1545-0047

DLN: 93493131040331

Open to Public Inspection

(f) Direct controlling

entity

Direct controlling

entity

Employer identification number

84-0402510

(e)

End-of-year assets

Public charity status

(if section 501(c)(3))

Total income

(d)

Exempt Code section

(1) DALE STREET PROPERTIES LLC 116 EAST DALE STREET COLORADO SPRINGS, CO 80903 20-2018989	REAL ESTATE	со	0	0	COLORADO COLLEGE			
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.								

(c)

Legal domicile (state

or foreign country)

(g)

Section 512(b)

(13) controlled

entity?

No

Part III Identification of Related Organ one or more related organizations				te if the or	ganization	answered "	Yes" on Forr	n 990,	Part 1	V, line 34,	beca	use it	had
(a) Name, address, and EIN of related organization		activity domicile controlling inco (state entity or or foreign	(e) Predomina income(rela unrelate excluded if tax unde sections 5 514)	ated, total inco d, rom er				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or	(k) Percentage ownership		
					32.7			Yes	No		Yes	No	
Part IV Identification of Related Organ because it had one or more related	izations Taxable as a C d organizations treated as	orporation a corporation	or Trus on or tru	t. Complete st during th	e if the org e tax year	ganization a r.	nswered "Ye	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	doi (state	(c) egal micile or foreign			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of-Percer owne	ntage	(1	(i) ction 512(b) 3) controlled entity?
(1)CASCADE AVENUE MEDICAL BUILDING	INACTIVE		intry) CO	COLOR	ADO (+		100.00	0 %		res No
809 N CASCADE AVENUE COLORADO SPRINGS, CO 80903 84-6029636	1001202	·		COLLE						190,00	. , ,		
(2)CHARITABLE REMAINDER ANNUITY TRUST (1)	CRAT	(CO	COLOR COLLE		Г						Y	es
(3)CHARITABLE REMAINDER UNITRUST (15)	CRUT	(0	COLOR COLLE	ADO T	Ī						Y	es

(1)OTIS & MARGARET BARNES TRUST

(2)MARGARET BARNES 1992 IRREV

(6) FACULTY SALARY FUND - HAWLEY

(3)CARLTON TRUST

(4)JACKSON TRUST

(5)A BARNEY TRUST

No

1g

1h

1j

1k

11

1m

1nl Yes

10

1p **1**a

1r Yes

1s

Schedule R (Form 990) 2019

Method of determining amount involved

Yes

Yes

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a 1b

1c 1d 1e 1f

Sale of assets to related organization(s) . . .

S

S

S

(b)

Transaction type (a-s)

Amount involved

857,098

481,668

217,258

20.000

25.500

9,178

CASH TRANSFERRED

CASH TRANSFERRED

CASH TRANSFERRED

CASH TRANSFERRED

CASH TRANSFERRED

CASH TRANSFERRED

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.

Name of related organization

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Information								
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Retu	ırn Reference	Explanation							

14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903

14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903

14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903

14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903

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14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903

84-6029599

84-6035651

84-6049390

84-6217136

84-6023466

84-6268287

84-6150097

84-6331869

Software ID:

Software Version: FTN: 84-0402510

SUPPORT ORG

SUPPORT ORG

PERP. TRUST

IPERP. TRUST

IPERP. TRUST

PERP. TRUST

PERP. TRUST

PERP. TRUST

Name:	THI

	14. 04 0402310				
Nam	e: THE COLORADO	COLLEGE			
Form 990, Schedule R, Part II - Identification of Related Ta	x-Exempt Organiza	tions			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling
	· · · · · · · · · · · · · · · · · · ·	(state	section	status	entity

or foreign country)

CO

CO

CO

CO

CO

CO

CO

CO

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

(if section 501(c)

(3))

N/A

N/A

COLORADO COLLEGE

COLORADO COLLEGE

COLORADO COLLEGE

COLORADO COLLEGE

COLORADO COLLEGE

COLORADO COLLEGE

LINE 12C, III-FI

LINE 12C, III-FI

PF

lpF

PF

PF

(g) Section 512 (b)(13)

controlled entity?

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations

A BARNEY TRUST

FACULTY SALARY FUND - HAWLEY

MARGARET BARNES 1992 IRREV	5	461,000	CASH TRANSFERRED
CARLTON TRUST	S	217,258	CASH TRANSFERRED
JACKSON TRUST	S	20,000	CASH TRANSFERRED

25,500

9,178

CASH TRANSFERRED

CASH TRANSFERRED