

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE COLORADO COLLEGE		D Employer identification number 84-0402510	
	Doing business as		E Telephone number 719-389-6693	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	14 E. CACHE LA POUDDRE		G Gross receipts \$ 342,506,550.	
City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: ROBERT G. MOORE SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. (see instructions)		
J Website: WWW.COLORADOCOLLEGE.EDU		H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1874		M State of legal domicile: CO

Part I Summary

Activities & Governance	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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2734
	6 Total number of volunteers (estimate if necessary)	6	248
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,048,342.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,095,879.	66,547,983.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,129,667.	150,148,997.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,486,268.	76,079,038.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,414,794.	3,586,302.
		243,126,608.	296,362,320.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,037,945.	42,046,644.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	88,172,705.	91,118,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	121,884.	121,884.
	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.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	203,508,945.	200,316,958.	
19 Revenue less expenses. Subtract line 18 from line 12	39,617,663.	96,045,362.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,166,938,399.	1,232,545,123.
	22 Net assets or fund balances. Subtract line 21 from line 20	201,077,439.	218,481,490.
	965,860,960.	1,014,063,633.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ROBERT G. MOORE, SR. VP FOR FINANCE & ADMIN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature KAREN GRIES	Date 04/29/21	Check if self-employed <input type="checkbox"/>	PTIN P00078514
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 612-376-4500		
	Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 180,094,093. including grants of \$ 42,046,644.) (Revenue \$ 151,327,826.) TO PROVIDE UNDERGRADUATE AND MASTER-OF-ARTS IN TEACHING DEGREE PROGRAMS TO APPROXIMATELY 2,100 STUDENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 180,094,093.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- List of disclosure items 17 through 20, including state filing requirements, public inspection of forms, and record keeping.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORIN SEAGER ASSOC. VP FOR FINANCE	40.00				X		155,533.	0.	25,985.	
(19) SUSAN BURGHART CHAIR	1.00	X		X			0.	0.	0.	
(20) JEFF KELLER VICE-CHAIR	1.00	X		X			0.	0.	0.	
(21) MARC ST JOHN SECRETARY	1.00	X		X			0.	0.	0.	
(22) MARGARET ALLON TRUSTEE	1.00	X					0.	0.	0.	
(23) SAMUEL BRONFMAN TRUSTEE	1.00	X					0.	0.	0.	
(24) HEATHER CARROLL TRUSTEE	1.00	X					0.	0.	0.	
(25) CAROLYN CULLEN TRUSTEE	1.00	X					0.	0.	0.	
(26) JEROME DEHERRERA TRUSTEE	1.00	X					0.	0.	0.	
1b Subtotal							5,009,265.	0.	885,286.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							5,009,265.	0.	885,286.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 129

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BON APPETIT MANAGEMENT COMPANY 2400 YORKMONT ROAD, CHARLOTTE, NC 28217	FOOD SERVICE	6,200,988.
NUNN CONSTRUCTION, INC. 925 ELKTON DR, COLORADO SPRINGS, CO 80907	BUILDINGS SERVICES	5,412,571.
SODEXO INC & AFFILIATES P.O.BOX 905374, CHARLOTTE, NC 28290	CUSTODIAL SERVICES	3,132,585.
JOHNSON LAFFEN GALLOWAY ARCHITECTS 124 N. 3RD ST, GRAND FORKS, ND 58203	ARCHITECTURAL SERVICES	1,990,323.
BRADLEY EXCAVATING, INC. 2220 BUSCH AVE, COLORADO SPRINGS, CO 80904	BUILDINGS SERVICES	1,911,222.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 80

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOSIAH ELLIS TRUSTEE	1.00	X						0.	0.	0.
(28) LISA HASTINGS TRUSTEE	1.00	X						0.	0.	0.
(29) RYAN HAYGOOD TRUSTEE	1.00	X						0.	0.	0.
(30) JESSE HORN TRUSTEE	1.00	X						0.	0.	0.
(31) AMY LOUIS TRUSTEE	1.00	X						0.	0.	0.
(32) KISHEN MANGAT TRUSTEE	1.00	X						0.	0.	0.
(33) MANUEL MARTINEZ TRUSTEE	1.00	X						0.	0.	0.
(34) EBEN MOULTON TRUSTEE	1.00	X						0.	0.	0.
(35) TAFARI NIA LUMUMBA TRUSTEE	1.00	X						0.	0.	0.
(36) NATALIE PHAM TRUSTEE	1.00	X						0.	0.	0.
(37) LIZA MALOTT POHLE TRUSTEE	1.00	X						0.	0.	0.
(38) ANTONIO ROSENDO TRUSTEE	1.00	X						0.	0.	0.
(39) ROBERT J. ROSS TRUSTEE	1.00	X						0.	0.	0.
(40) JAROD RUTLEDGE TRUSTEE	1.00	X						0.	0.	0.
(41) KYLE SAMUEL TRUSTEE	1.00	X						0.	0.	0.
(42) MICHAEL B. SLADE TRUSTEE	1.00	X						0.	0.	0.
(43) ANDY STENOVEC TRUSTEE	1.00	X						0.	0.	0.
(44) PHILIP SWAN TRUSTEE	1.00	X						0.	0.	0.
(45) BRIAN THOMSON TRUSTEE	1.00	X						0.	0.	0.
(46) JOHN TROUBH TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) THAYER TUTT JR TRUSTEE	1.00	X						0.	0.	0.
(48) LAUREN WATEL TRUSTEE	1.00	X						0.	0.	0.
(49) LILY WEISSGOLD STUDENT TRUSTEE	1.00	X						0.	0.	0.
(50) JOHN WOLD TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,798,438.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	64,749,545.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 37,177,621.			
	h	Total. Add lines 1a-1f		66,547,983.			
Program Service Revenue	2 a	TUITION & FEES	Business Code 611310	128,565,551.	128,565,551.		
	b	AUXILIARY ENTERPRISES	611310	17,448,577.	17,448,577.		
	c	TICKET SALES	713990	1,735,399.	1,735,399.		
	d	HEALTH SERVICES/FEES/I	524114	1,180,380.		1,180,380.	
	e	ATHLETIC REVENUE	611310	903,206.	840,817.	62,389.	
	f	All other program service revenue	611310	315,884.	56,305.	259,579.	
	g	Total. Add lines 2a-2f		150,148,997.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,294,659.		487,219.	
	4	Income from investment of tax-exempt bond proceeds				26,807,440.	
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				5,085.			
	b	Less: rental expenses ...	6b	15,176.			
	c	Rental income or (loss)	6c	-10,091.			
	d	Net rental income or (loss)		-10,091.		-10,091.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				94,907,985.	5,448.		
	b	Less: cost or other basis and sales expenses	7b	41,371,418.	4,757,636.		
c	Gain or (loss)	7c	53,536,567.	-4,752,188.			
d	Net gain or (loss)		48,784,379.		48,784,379.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code 611710	2,885,642.	2,681,177.	204,465.	
	b	CHILDCARE CENTER	611710	604,243.		356,658.	
	c	INSURANCE PROCEEDS	611710	106,508.		106,508.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		3,596,393.			
12	Total revenue. See instructions		296,362,320.	151,327,826.	1,048,342.	77,438,169.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,046,644.	42,046,644.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,576,776.	1,596,336.	2,326,577.	653,863.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	290,089.	176,819.	22,654.	90,616.
7 Other salaries and wages	65,213,922.	58,926,448.	3,235,432.	3,052,042.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,811,129.	4,816,192.	680,687.	314,250.
9 Other employee benefits	10,675,970.	8,594,172.	1,574,914.	506,884.
10 Payroll taxes	4,550,182.	4,117,005.	168,427.	264,750.
11 Fees for services (nonemployees):				
a Management				
b Legal	335,793.	16,553.	319,240.	
c Accounting	120,741.		120,741.	
d Lobbying	28,295.		28,295.	
e Professional fundraising services. See Part IV, line 17	121,884.			121,884.
f Investment management fees	1,652,538.		1,652,538.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	12,382,601.	11,026,212.	1,228,548.	127,841.
12 Advertising and promotion	566,092.	456,555.	75,011.	34,526.
13 Office expenses	6,654,983.	6,351,785.	10,632.	292,566.
14 Information technology	1,463,396.	1,447,339.	6,443.	9,614.
15 Royalties	1,018,587.	710,177.	83,593.	224,817.
16 Occupancy	2,954,071.	2,923,871.	28,430.	1,770.
17 Travel	5,846,432.	5,451,160.	133,113.	262,159.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	396,022.	345,871.	19,548.	30,603.
20 Interest	6,342,975.	5,695,868.	647,107.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,116,469.	1,405,904.	710,565.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EQUIPMENT	10,093,386.	10,083,568.	8,960.	858.
b FOOD SERVICE	5,676,057.	5,612,510.	62,434.	1,113.
c REPAIRS & MAINTENANCE	3,325,242.	3,241,471.	63,384.	20,387.
d OFFICIAL FUNCTIONS	2,321,779.	1,855,673.	236,334.	229,772.
e All other expenses	3,734,903.	3,195,960.	445,816.	93,127.
25 Total functional expenses. Add lines 1 through 24e	200,316,958.	180,094,093.	13,889,423.	6,333,442.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,824,235.	1	13,154,612.
	2 Savings and temporary cash investments	37,129,776.	2	57,831,862.
	3 Pledges and grants receivable, net	24,111,823.	3	29,467,749.
	4 Accounts receivable, net	1,853,313.	4	3,161,866.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,975,000.	7	135,000.
	8 Inventories for sale or use	682,820.	8	714,712.
	9 Prepaid expenses and deferred charges	1,782,211.	9	1,890,325.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 448,776,209.		
	b Less: accumulated depreciation	10b 141,190,246.		
	11 Investments - publicly traded securities	265,964,538.	10c	307,585,963.
	12 Investments - other securities. See Part IV, line 11	367,616,717.	11	396,315,466.
	13 Investments - program-related. See Part IV, line 11	441,342,764.	12	419,984,841.
	14 Intangible assets	2,950,295.	13	2,153,058.
	15 Other assets. See Part IV, line 11	704,907.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,166,938,399.	15	149,669.	
		16	1,232,545,123.	
Liabilities	17 Accounts payable and accrued expenses	13,720,076.	17	20,305,256.
	18 Grants payable	3,107,294.	18	1,899,850.
	19 Deferred revenue	1,349,043.	19	2,696,135.
	20 Tax-exempt bond liabilities	57,155,133.	20	68,792,624.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,327,767.	21	5,649,127.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	18,587.	23	7,435.
	24 Unsecured notes and loans payable to unrelated third parties	109,694,430.	24	109,705,748.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,705,109.	25	9,425,315.
	26 Total liabilities. Add lines 17 through 25	201,077,439.	26	218,481,490.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	294,421,275.	27	325,101,630.
	28 Net assets with donor restrictions	671,439,685.	28	688,962,003.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	965,860,960.	32	1,014,063,633.
	33 Total liabilities and net assets/fund balances	1,166,938,399.	33	1,232,545,123.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	296,362,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	200,316,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	96,045,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	965,860,960.
5	Net unrealized gains (losses) on investments	5	-50,223,187.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,380,498.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,014,063,633.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,067,883.	29,596,358.	19,785,220.	19,095,879.	66,547,983.	162,093,323.
2 Tax revenues levied for the 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 (f)						4,415,456.
6 Public support. Subtract line 5 from line 4.						157,677,867.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 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, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	37,555,360.	32,402,627.	19,613,705.	39,410,878.	27,299,744.	156,282,314.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,084,919.	1,560,008.	1,256,727.	3,914,636.	3,035,270.	10,851,560.
11 Total support. Add lines 7 through 10						329,227,197.
12 Gross receipts from related activities, etc. (see instructions)					12	710,607,958.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	47.89 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	40.64 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(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 under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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		(A) Prior Year	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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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.	
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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
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: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

CHILDCARE CENTER

2015 AMOUNT: \$ 475,825.

2016 AMOUNT: \$ 510,840.

2017 AMOUNT: \$ 490,394.

2018 AMOUNT: \$ 540,081.

2019 AMOUNT: \$ 247,585.

OTHER REVENUE

2015 AMOUNT: \$ 603,299.

2016 AMOUNT: \$ 1,049,168.

2017 AMOUNT: \$ 766,333.

2018 AMOUNT: \$ 3,374,555.

2019 AMOUNT: \$ 2,681,177.

INSURANCE PROCEEDS

2015 AMOUNT: \$ 5,795.

2019 AMOUNT: \$ 106,508.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,300,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,150,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,007,847.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 33,460,000.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	MUSEUM BUILDING, REAL ESTATE, AND ART COLLECTION _____ _____ _____	\$ 33,460,000.	06/30/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">THE COLORADO COLLEGE</p>	Employer identification number <p style="text-align: center;">84-0402510</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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-.

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		28,295.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			28,295.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

COLORADO COLLEGE IS ONE OF THREE MEMBERS OF INDEPENDENT HIGHER

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

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

CAPITOL AND AT THE COLORADO COMMISSION ON HIGHER EDUCATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
(ii) Assets included in Form 990, Part X	▶ \$	0.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
b Assets included in Form 990, Part X	▶ \$	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	771,923,962.	735,920,222.	717,910,203.	660,105,686.	688,990,390.
b Contributions	15,774,040.	4,016,681.	4,568,146.	5,815,791.	11,563,380.
c 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.	11,691,595.	10,721,309.	10,108,562.
e Other expenditures for facilities and programs	24,162,903.	21,432,910.	20,638,901.	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 of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.00 %
 - b Permanent endowment 23.00 %
 - c Term endowment 55.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,723,459.		11,723,459.
b Buildings		359,984,500.	114,303,657.	245,680,843.
c Leasehold improvements				
d Equipment		25,136,369.	16,253,907.	8,882,462.
e Other		51,931,881.	10,632,682.	41,299,199.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				307,585,963.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	521,593.
(3) ANNUITIES PAYABLE	1,073,688.
(4) OTHER LIFE INCOME FUNDS	2,647,563.
(5) ASSET RETIREMENT OBLIGATION	3,652,512.
(6) OTHER POST RETIREMENT BENEFIT PLAN PAYABLE	619,959.
(7) CC-FAC DEBT	860,000.
(8) QUAD PARTNERSHIP DEBT	50,000.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,425,315.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	210,854,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-50,223,187.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,117,510.
e	Add lines 2a through 2d	2e	-43,105,677.
3	Subtract line 2e from line 1	3	253,959,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,652,538.
b	Other (Describe in Part XIII.)	4b	40,749,836.
c	Add lines 4a and 4b	4c	42,402,374.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	296,362,320.

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

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

1	Total expenses and losses per audited financial statements	1	162,651,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,737,011.
e	Add lines 2a through 2d	2e	4,737,011.
3	Subtract line 2e from line 1	3	157,914,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,652,538.
b	Other (Describe in Part XIII.)	4b	40,749,836.
c	Add lines 4a and 4b	4c	42,402,374.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	200,316,958.

Part XIII Supplemental Information.

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

PART III, LINE 4:

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

NOT CAPITALIZED BECAUSE THE ITEMS ARE PRESERVED AND CARED FOR

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

ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS AND AS NET ASSETS

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

RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION

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

OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS

INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

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

Part XIII Supplemental Information (continued)

COLLEGE ARCHIVE OF INSTITUTIONALLY SIGNIFICANT TREASURES, AND LIBRARY
COLLECTIONS TO ENHANCE THE INSTITUTIONAL CATALOG. THE FINE ARTS CENTER'S
MUSEUM INCLUDES A PERMANENT COLLECTION OF OVER 20,000 OBJECTS THAT
SHOWCASE THE HISTORY AND CULTURES OF THE SOUTHWEST AND AMERICAS. THE
COLLECTION CONTAINS WORKS OF ART FROM NATIVE AMERICAN, HISPANIC AND
SPANISH COLONIAL PERIODS AS WELL AS 20TH CENTURY AMERICAN ART, ALL USED TO
ENHANCE CLASSROOM AND COMMUNITY EXPERIENCES.

PART IV, LINE 2B:

THE COLLEGE HOLDS VARIOUS FUNDS IN A FIDUCIARY CAPACITY FOR ORGANIZATIONS
OF THE COLLEGE, SUCH AS CLASSES AND CLUBS. THESE ORGANIZATIONS RAISE FUNDS
IN THEIR OWN CAPACITIES AND EXPEND THE FUNDS ON THEIR ORGANIZATION'S
BEHALF. THE REVENUES AND EXPENSES OF THESE ORGANIZATIONS ARE NOT INCLUDED
IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART V, LINE 4:

COLORADO COLLEGE'S ENDOWMENT IS ADMINISTERED IN A MANNER CONSISTENT WITH
DONOR RESTRICTIONS AND WITH THE GOAL OF MEETING THE EDUCATIONAL MISSION OF
TODAY AS WELL AS IN PERPETUITY. THE COLLEGE HAS ADOPTED INVESTMENT AND
SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A
PREDICTABLE STREAM OF FUNDING FOR CURRENT PROGRAMS AND OPERATIONS WHILE
SEEKING TO MAINTAIN THE PURCHASING POWER.

PART X, LINE 2:

THE COLLEGE QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE IS SUBJECT TO FEDERAL
INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF
SECTION 501(C)(3) OF INTERNAL REVENUE CODE.

Part XIII Supplemental Information (continued)

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 EXAMINATION BY
 FEDERAL AND STATE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	2,380,498.
LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE	4,752,188.
RENTAL EXPENSES NETTED AGAINST REVENUE	-15,176.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,117,510.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE	40,749,836.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT NETTED AGAINST REVENUE	4,752,188.
RENTAL EXPENSES NETTED AGAINST REVENUE	-15,177.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,737,011.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS RECLASSIFIED FROM REVENUE TO EXPENSE	40,749,836.
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SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<p>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.</p>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

COLORADO COLLEGE RECEIVES GOVERNMENT FUNDING FOR FINANCIAL AID FOR THEIR STUDENTS. IN ADDITION THE COLLEGE RECEIVES FEDERAL AND STATE FUNDING FOR RESEARCH IN THE FORM OF GRANTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

THE COLORADO COLLEGE

84-0402510

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

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

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

Schedule F (Form 990) 2019

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS (FEES)	N/A	4,130,039.
EUROPE	0	0	INVESTMENTS (BOOK VALUE)	N/A	6,759,000.
EUROPE	0	0	INVESTMENTS (FEES)	N/A	135,180.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	500.
NORTH AMERICA	0	0	PROGRAM SERVICES	UNDERGRADUATE CLASSES	20,347.
Totals					11,045,066.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALUMINATE - 820 W JACKSON BLVD, CHICAGO, IL 60607	CONSULTING AND RESEARCH		X	0.	10,000.	0.
RONALD VANDEN DORPEL - 194 PLEASANT ST, RUMFORD, RI	CAMPAIGN COUNSEL		X	0.	4,000.	0.
Total					14,000.	

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RONALD VANDEN DORPEL

(I) ADDRESS OF FUNDRAISER: 194 PLEASANT ST, RUMFORD, RI 02916

Part IV Supplemental Information *(continued)*

[Blank horizontal lines for supplemental information]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID TO STUDENTS	1043	42,046,644.	0.	N/A	N/A

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

PART I, LINE 2:

THE COLLEGE GRANTS SCHOLARSHIPS TO STUDENTS ENROLLED IN THE COLLEGE'S
 DEGREE-GRANTING PROGRAM. THE COLLEGE DETERMINES STUDENT ELIGIBILITY BASED
 UPON THE STUDENT'S NEED. SOME SCHOLARSHIPS OR GRANTS ARE AWARDED BASED UPON
 ACADEMIC ACHIEVEMENT. THE COLLEGE OFFICE OF FINANCIAL AID ACCUMULATES ALL
 REQUIRED INFORMATION FROM THE STUDENTS TO DETERMINE SCHOLARSHIP
 ELIGIBILITY. THE OFFICE AWARDS SCHOLARSHIPS BASED UPON CRITERIA ESTABLISHED
 BY THE COLLEGE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 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, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JILL TIEFENTHALER PRESIDENT	(i)	532,731.	50,000.	33,280.	178,000.	68,231.	862,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK HATCH VP FOR ENROLLMENT MANAGEME	(i)	216,381.	0.	316,145.	74,286.	24,100.	630,912.	295,157.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALAN R TOWNSEND PROVOST	(i)	320,095.	25,000.	33,240.	28,000.	20,887.	427,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK HILLE VP FOR ADVANCEMENT	(i)	226,422.	0.	103,086.	49,810.	21,146.	400,464.	82,081.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL HAVILAND HEAD HOCKEY COACH	(i)	344,511.	6,623.	2,277.	28,000.	722.	382,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT MOORE SR VP FIN/ADMIN	(i)	318,935.	25,000.	21,946.	14,000.	1,778.	381,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN YOUNG VP FOR IT	(i)	243,503.	20,000.	21,061.	26,535.	7,956.	319,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) 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.
(9) 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.
(10) TIMOTHY FULLER PROFESSOR	(i)	209,828.	0.	668.	20,596.	11,222.	242,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) 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.
(12) KIM BRADFORD CHIEF OF STAFF	(i)	178,687.	10,000.	584.	17,986.	15,460.	222,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL GRACE PROFESSOR	(i)	193,954.	0.	620.	19,000.	7,956.	221,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BARBARA WILSON ASSOC. VP FOR ADMIN. SERVI	(i)	168,722.	1,000.	20,805.	18,634.	8,752.	217,913.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CLAIRE GARCIA DEAN OF FACULTY	(i)	189,960.	0.	548.	19,034.	7,990.	217,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) OWEN C. CRAMER PROFESSOR	(i)	185,113.	0.	609.	19,133.	2,622.	207,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) SEAN PIERI VP FOR ADVANCEMENT	(i)	180,418.	0.	450.	13,610.	3,860.	198,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LORIN SEAGER ASSOC. VP FOR FINANCE	(i)	155,083.	0.	450.	13,875.	12,110.	181,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE PRESIDENT OF THE COLLEGE AND THE VICE PRESIDENT FOR STUDENT LIFE, IN ORDER TO FULFILL THEIR RESPONSIBILITIES, ARE REQUIRED TO LIVE ON CAMPUS AND ARE PROVIDED HOUSING. THE PRESIDENT OF THE COLLEGE IS ALSO PROVIDED JANITORIAL SERVICES. BOTH ARE CONSIDERED TO BE ON CAMPUS FOR THE BENEFIT OF THE COLLEGE AND THE VALUE IS CONSIDERED NON-TAXABLE COMPENSATION.

CLUB DUES: AS A WORKING CONDITION FRINGE BENEFIT, CLUB MEMBERSHIPS ARE PROVIDED TO THE VICE PRESIDENT FOR ADVANCEMENT. THE PURPOSE OF THE MEMBERSHIPS IS TO CULTIVATE AND MAINTAIN RELATIONSHIPS WITH BUSINESS AND INDIVIDUALS WHO ARE IN POSITION TO ADVANCE THE COLLEGE. ANY PERSONAL USE OF MEMBERSHIPS IS INFREQUENT AND PAID OUT OF POCKET BY THE EMPLOYEE.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS INTO THEIR 457F ACCOUNT:

JILL TIEFENTHALER - 150,000

MARK HILLE - 25,000

Part III Supplemental Information

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

MARK HATCH - 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 BONUSES 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 SERVE ON COMMITTEES OR FOR OTHER PROJECTS OUTSIDE OF THEIR REGULARLY ASSIGNED JOB DUTIES.

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A EL PASO COUNTY, COLORADO	84-6000764	28337LCB2	02/18/10	51,597,849.	REFUND SERIES 2003, 2004 & 2006		X		X		X
B EL PASO COUNTY, COLORADO	84-6000764	28337LCX4	05/24/12	39,399,704.	CAPITAL IMPROVEMENTS & COST OF ISSUANCE		X		X		X
C EL PASO COUNTY, COLORADO	84-6000764	NONE	04/30/15	16,730,000.	REFUND SERIES 2005 - 2015A		X		X		X
D EL PASO COUNTY, COLORADO	84-6000764	NONE	04/30/15	16,325,000.	REFUND SERIES 2010 - 2015B		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	48,897,849.		26,184,704.		665,000.			1,785,000.		
2 Amount of bonds legally defeased										
3 Total proceeds of issue	51,597,849.		39,399,704.		16,730,000.			16,325,000.		
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds	535,860.		593,312.		173,270.			164,979.		
6 Proceeds in refunding escrows								13,750,000.		
7 Issuance costs from proceeds	532,849.		419,704.		208,258.			150,843.		
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			38,980,000.							
11 Other spent proceeds	51,065,849.				16,521,742.			2,424,157.		
12 Other unspent proceeds										
13 Year of substantial completion	2010		2014		2015		2015			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X					X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X	X			
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2019

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A EL PASO COUNTY, COLORADO	84-6000764	NONE	10/09/19	20,745,000.	CAPITAL IMPROVEMENTS & COST OF BONDS		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	20,745,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	245,000.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	2,755,400.									
11 Other spent proceeds										
12 Other unspent proceeds	17,744,500.									
13 Year of substantial completion	2019									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X		X		X		X

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

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2019

Open To Public Inspection

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
		51,851.	TUITION REMIS	FINANCIAL AID

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

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

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

(D) TYPE OF ASSISTANCE: TUITION REMISSION

(E) PURPOSE OF ASSISTANCE: FINANCIAL AID

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF PRESIDENT JILL TIEFENTHALER

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION

(A) NAME OF PERSON: LAURA ROSENDO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE ANTONIO ROSENDO

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5	41,201.	FAIR MARKET VALUE
2 Art - Historical treasures	X	1	500.	FAIR MARKET VALUE
3 Art - Fractional interests				
4 Books and publications	X		20,661.	FAIR MARKET VALUE
5 Clothing and household goods	X		600.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	38	1,463,891.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	33,460,000.	FAIR MARKET APPRAISAL
17 Real estate - Other				
18 Collectibles	X	1	25,100.	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	6	315,465.	FAIR MARKET VALUE
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DISCOUNTED CO)	X	1	4,500.	FAIR MARKET VALUE
26 Other (CAMPAIGN DINN)	X	1	3,700.	FAIR MARKET VALUE
27 Other (SUPPLIES TO B)	X	1	1,853.	FAIR MARKET VALUE
28 Other (ART SUPPLIES)	X	1	150.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	2	
	Yes	No
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 purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS WAS USED FOR PART I.

SCHEDULE M, LINE 32B:

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

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

THE COLLEGE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE COLORADO COLLEGE

Employer identification number

84-0402510

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AT COLORADO COLLEGE OUR GOAL IS TO PROVIDE THE FINEST LIBERAL ARTS

EDUCATION IN THE COUNTRY. DRAWING UPON THE ADVENTUROUS SPIRIT OF THE

ROCKY MOUNTAIN WEST, WE CHALLENGE STUDENTS, ONE COURSE AT A TIME, TO

DEVELOP THOSE HABITS OF INTELLECT AND IMAGINATION THAT WILL PREPARE

THEM FOR LEARNING AND LEADERSHIP THROUGHOUT THEIR LIVES.

COLORADO COLLEGE SUCCEEDS IN ITS MISSION OF EDUCATING FOR OUR TIME WHEN

IT GRADUATES WOMEN AND MEN WITH MENTAL AGILITY AND THE SKILLS OF

CRITICAL JUDGMENT, PERSONS WHO HAVE LEARNED HOW TO LEARN.

TAKING ADVANTAGE OF SMALL CLASSES AND THE UNIQUE LEARNING OPPORTUNITIES

OF THE BLOCK PLAN, COLORADO COLLEGE PROVIDES A VARIETY OF STIMULATING

ENVIRONMENTS FOR INTELLECTUAL DEVELOPMENT, CREATIVE EXPRESSION, AND

PERSONAL GROWTH. IN THE STUDIO AND ON THE STAGE, IN CLASSROOM AND

LIBRARY AND LABORATORY, IN RESIDENCE HALLS AND ON PLAYING FIELDS, IN

THE LOCAL COMMUNITY AND IN FOREIGN COUNTRIES, THE COLLEGE CONFRONTS

STUDENTS WITH UNFAMILIAR PERSPECTIVES AND NEW POSSIBILITIES OF THOUGHT

AND ACTION.

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

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

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

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

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

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

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

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

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

PERSONAL QUEST FOR A WORTHY VISION THAT CAN
INSPIRE BOTH ACTION AND HOPE AND WILL ENABLE THEM TO HELP CREATE A MORE
HUMANE WORLD.

COLORADO COLLEGE IS DISTINCTIVE IN ITS CONVICTION THAT ACTIVE LEARNING
HAPPENS BEST WHEN STUDENTS PURSUE A SINGLE SUBJECT OF STUDY FOR SEVERAL
WEEKS IN SMALL CLASSES IN WHICH NO TICKING CLOCK CAN INTERRUPT THE
ANIMATED EXCHANGE OF IDEAS. WE ARE CONFIDENT THAT THE LEARNING
OPPORTUNITIES MADE POSSIBLE BY OUR DISTINCTIVE CURRICULAR SYSTEM FOSTER
A KIND OF INTELLECTUAL ENGAGEMENT THAT WILL CONTINUE TO ENRICH THE
LIVES OF COLORADO COLLEGE GRADUATES AS THEY BECOME LEADERS IN THEIR
PROFESSIONS AND COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF
THE BOARD, PLUS THE CHAIRPERSON OF EACH OTHER STANDING COMMITTEE.

THE EXECUTIVE COMMITTEE GOVERNS THE COLLEGE DURING ANY PERIOD BETWEEN
MEETINGS OF THE BOARD OF TRUSTEES, BUT ONLY WHEN URGENT CIRCUMSTANCES
REQUIRE PROMPT ACTION AND IT IS NOT FEASIBLE TO CONVENE A MEETING OF THE
FULL BOARD BY ACCEPTABLE MEANS AS PROVIDED IN THE COLLEGE'S BYLAWS. THE
EXECUTIVE COMMITTEE MAY EXERCISE ALL THE POWERS OF THE BOARD, EXCEPT THAT
IT MAY NOT ELECT THE PRESIDENT OF THE COLLEGE OR REMOVE HIM OR HER FROM
OFFICE; CHANGE THE FIXED POLICY OF THE BOARD; AMEND OR SUSPEND THE BYLAWS;
APPROVE THE ANNUAL BUDGET; APPROVE THE ANNUAL AUDIT; SELL, MORTGAGE OR
OTHERWISE HYPOTHECATE THE ASSETS OF THE COLLEGE EXCEPT IN THE NORMAL COURSE
OF BUSINESS; OR OVERRULE ANY ACTION OF THE BOARD WITHOUT THE EXPRESS

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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APPROVAL OF THE BOARD. THE EXECUTIVE COMMITTEE IS ALSO RESPONSIBLE FOR PERIODIC REVIEW OF THE PRESIDENT'S PERFORMANCE OF HIS OR HER RESPONSIBILITIES.

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

FORM 990, PART VI, SECTION A, LINE 7A:
ALUMNI TRUSTEES ARE ELECTED BY ALUMNI AT LARGE AND APPROVED BY THE BOARD OF TRUSTEES FOR NON-RENEWABLE TERMS OF SIX YEARS FROM AMONG THOSE ALUMNI OF THE COLLEGE NOMINATED BY THE ALUMNI ASSOCIATION BOARD (AAB).

THE PRESIDENT OF THE COLLEGE AND THE PRESIDENT OF THE AAB SERVE AS VOTING MEMBERS OF THE BOARD DURING THEIR TERMS IN OFFICE. THE IMMEDIATE PAST PRESIDENT OF THE AAB SERVES AS A VOTING MEMBER OF THE BOARD FOR A TERM OF TWO YEARS.

IN THE CASE OF A VACANCY IN AN ALUMNI TRUSTEE POSITION, THE AAB MAY SELECT A SUCCESSOR FOR THE UNEXPIRED PORTION OF THE TERM OF THE ALUMNI TRUSTEE WHOSE POSITION IS VACANT, SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER, WITH A DETAIL REVIEW BEING DONE BY THE TAX AND COMPLIANCE MANAGER AND SENIOR VICE PRESIDENT OF

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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FINANCE AND ADMINISTRATION OF COLORADO COLLEGE. THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE WHERE THEY APPROVE THE DRAFT TO FILE WITH THE IRS. ONCE APPROVED BY THE AUDIT COMMITTEE, THE FINAL FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD BEFORE FILING THE RETURN WITH THE IRS.

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

THE AVP OF INSTITUTIONAL PLANNING & EFFECTIVENESS IS CHARGED WITH PRIMARY RESPONSIBILITY FOR MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY, AND IS ASSISTED BY THE PRESIDENT, AND THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION. THE CURRENT POLICY, ADOPTED BY THE BOARD OF TRUSTEES IN MAY OF 2013, REQUIRES THAT A DETAILED ANNUAL DISCLOSURE FORM BE SIGNED AND SUBMITTED BY ALL MEMBERS OF THE TRUSTEES, THE PRESIDENT, ALL OFFICERS OF THE COLLEGE, MEMBERS OF THE PRESIDENT'S CABINET (PERSONS REPORTING TO THE PRESIDENT), ALL PERSONS REPORTING TO A MEMBER OF THE PRESIDENT'S CABINET, AND ANY OTHER PERSON AT THE COLLEGE WHOSE RESPONSIBILITIES INCLUDE SIGNIFICANT PURCHASING DECISIONS OR THE SELECTION OF VENDORS AT COLORADO COLLEGE.

ALL DISCLOSURES ARE REVIEWED BY THE AVP OF INSTITUTIONAL PLANNING & EFFECTIVENESS FOR MATERIALITY. ANY DISCLOSURE THAT RAISES A MATERIAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH, IS REVIEWED BY THE AVP OF INSTITUTIONAL PLANNING & EFFECTIVENESS, AND/OR THE PRESIDENT, THE CHAIR OF THE BOARD, OR THE AUDIT COMMITTEE, DEPENDING ON THE ROLE OF THE PERSON INVOLVED AND THE NATURE OF THE POTENTIAL CONFLICT. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE PERSON IS REQUIRED TO RECUSE THEMSELVES FROM ANY DELIBERATIONS AND ANY DECISIONS REGARDING THE AFFECTED TRANSACTION. ALL DELIBERATIONS ARE DOCUMENTED WITHIN THE BOARD MINUTES.

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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FORM 990, PART VI, SECTION B, LINE 15A:

THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA
BASED OF COMPARABLE POSITIONS IN THE MARKET, WITH SPECIAL EMPHASIS ON
HIGHER EDUCATION AND PEER INSTITUTIONS. THIS DATA IS SHARED WITH THE BOARD
OF TRUSTEES VIA THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION.
WHEN THE PRESIDENT WAS INITIALLY HIRED, THE BOARD OF TRUSTEES ENGAGED AN
OUTSIDE CONSULTANT TO CONDUCT A SALARY REVIEW. ANNUALLY, AN E-MAIL IS SENT
BY THE BOARD PRESIDENT TO THE SENIOR VICE PRESIDENT OF FINANCE &
ADMINISTRATION WHO IMPLEMENTS THE AGREED UPON SALARY ADJUSTMENTS AND OR
BONUS. THE LAST YEAR THIS PROCESS WAS PERFORMED WAS 2020.

THE OFFICE OF HUMAN RESOURCES CONDUCTS AN ANNUAL REVIEW OF SALARY DATA OF
COMPARABLE POSITIONS IN THE MARKET THAT INCLUDES ATTENTION ON HIGHER
EDUCATION AND PEER INSTITUTIONS.THESE RESULTS ARE REVIEWED WITH CABINET
MEMBERS TO ENSURE THE ACCURACY IN MARKET MATCHES AND THEN USED TO DEVELOP A
RECOMMENDATION AND PRESENTED TO THE PRESIDENT OF THE COLLEGE AND THE SENIOR
VICE PRESIDENT FOR FINANCE AND ADMINISTRATION FOR APPROVAL. THE LAST YEAR
THIS PROCESS WAS PERFORMED WAS 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AZ,CA,CO,FL,GA,HI,IL,MA,MD,MO,ND,NM,NY,NC,OR,TN,UT,VA

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

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

FORM 990, PART VI, LINE 13

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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COLORADO COLLEGE DOES NOT HAVE A FORMAL WHISTLEBLOWER POLICY, HOWEVER
 THE COLLEGE DOES PROVIDE AN OMBUDS OFFICE AS A CONFIDENTIAL RESOURCE
 FOR FACULTY AND STAFF WHICH OFFERS AN INFORMAL AND SAFE ENVIRONMENT FOR
 DISCUSSION. THE OMBUDS PERSON COMPLETES THE FOUNDATION OF OMBUDS THREE
 DAY COURSE TAUGHT BY THE INTERNATIONAL OMBUDSMAN ASSOCIATION, AS WELL
 AS COURSES IN MEDIATION TRAINING AND CONFLICT COACHING. THE COLLEGE'S
 OMBUDS PERSON IS A CONFIDENTIAL RESOURCE FOR FACULTY AND STAFF THAT IS
 INDEPENDENT OF ANY OFFICE ON CAMPUS. ADDITIONALLY, THE OMBUDS PERSON IS
 AN INFORMAL RESOURCE AND A NEUTRAL PARTY THAT DOES NOT REPRESENT THE
 COLLEGE NOR THE VISITOR. THE OMBUDS PERSON REPORTS DIRECTLY TO THE
 EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	2,380,498.
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FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization THE COLORADO COLLEGE	Employer identification number 84-0402510
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WOMEN'S EDUCATIONAL SOCIETY OF COLORADO COLLEGE - 84-6029599, 14 EAST CACHE LA POUDRE STREET, COLORADO SPRINGS, CO 80903	SUPPORT ORG	COLORADO	501(C)(3)	LINE 12C, III-FI	N/A		X
WOMEN'S EDUCATIONAL SOCIETY OF COLORADO COLLEGE TRUST - 84-6035651, 14 EAST CACHE LA POUDRE STREET, COLORADO SPRINGS, CO 80903	SUPPORT ORG	COLORADO	501(C)(3)	LINE 12C, III-FI	N/A		X
FACULTY SALARY FUND - HAWLEY - 84-6049390 14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
A BARNEY TRUST - 84-6217136 14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
OTIS & MARGARET BARNES TRUST - 84-6023466 14 EAST CACHE LA Poudre STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
MARGARET BARNES 1992 IRREV. - 84-6268287 14 EAST CACHE LA Poudre STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
JACKSON TRUST - 84-6150097 14 EAST CACHE LA Poudre STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	
CARLTON TRUST - 84-6331869 14 EAST CACHE LA Poudre STREET COLORADO SPRINGS, CO 80903	PERP. TRUST	COLORADO	501(C)(3)	PF	COLORADO COLLEGE	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 7. Describe the only (or first) unrelated trade or business here. SEE STATEMENT 1.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ROBERT G. MOORE, SR. VP FOR FINANC Telephone number 719-389-6693

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	499,022.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	499,022.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	36	499,022.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____ SR VP FOR FINANCE & ADMIN Title: _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature KAREN GRIES	Date 04/29/21	Check <input type="checkbox"/> if self-employed	PTIN P00078514
	Firm's name CLIFTONLARSONALLEN LLP 220 S 6TH STREET, SUITE 300			Firm's EIN 41-0746749	
	Firm's address MINNEAPOLIS, MN 55402			Phone no. 612-376-4500	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

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

NON-UNITARY PARTNERSHIP INCOME
RENTAL INCOME

TO FORM 990-T, PAGE 1

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

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

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	2,075,211.	0.	2,075,211.	2,075,211.
NOL CARRYOVER AVAILABLE THIS YEAR			2,075,211.	2,075,211.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

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

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 531190

Describe the unrelated trade or business ▶ SUMMER CONFERENCES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>329,025.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>329,025.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>329,025.</u>		<u>329,025.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>329,025.</u>		<u>329,025.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>115,454.</u>
16 Repairs and maintenance		16		<u>149.</u>
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		<u>13,936.</u>
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>6,071.</u>
24 Employee benefit programs		24		<u>14,110.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	<u>SEE STATEMENT 5</u>	27		<u>197,301.</u>
28 Total deductions. Add lines 14 through 27		28		<u>347,021.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-17,996.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-17,996.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

FOOD SERVICES	150,952.
SUPPLIES	6,766.
PURCHASED SERVICES	17,316.
MINOR EQUIPMENT	502.
OTHER MISCELLANEOUS EXPENSE	16,555.
STUDENT ASSISTANCE	5,210.

TOTAL TO SCHEDULE M, PART II, LINE 27

197,301.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

2

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 531190

Describe the unrelated trade or business ▶ HONNEN ICE RINK

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>85,925.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>85,925.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>85,925.</u>		<u>85,925.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>85,925.</u>		<u>85,925.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>76,858.</u>
16 Repairs and maintenance		16		<u>4,389.</u>
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>5,527.</u>
24 Employee benefit programs		24		<u>13,777.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	<u>SEE STATEMENT 6</u>	27		<u>7,596.</u>
28 Total deductions. Add lines 14 through 27		28		<u>108,147.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-22,222.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<u>STMT 7</u>	30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-22,222.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	AMOUNT
EDUCATION	137.
DUES & SUBSCRIPTIONS	521.
SUPPLIES	4,905.
PURCHASED SERVICES	696.
TRAVEL	985.
MINOR EQUIPMENT	321.
OTHER MISCELLANEOUS EXPENSE	31.
TOTAL TO SCHEDULE M, PART II, LINE 27	7,596.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	22,541.		22,541.	22,541.
NOL CARRYOVER AVAILABLE THIS YEAR			22,541.	22,541.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

3

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 624410

Describe the unrelated trade or business ▶ CHILDCARE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>356,658.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>356,658.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>356,658.</u>		<u>356,658.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>356,658.</u>		<u>356,658.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>398,968.</u>
16 Repairs and maintenance		16		<u>2,487.</u>
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		<u>2,340.</u>
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>25,321.</u>
24 Employee benefit programs		24		<u>98,301.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule) <u>SEE STATEMENT 8</u>		27		<u>45,142.</u>
28 Total deductions. Add lines 14 through 27		28		<u>572,559.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-215,901.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <u>STMT 9</u>		30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-215,901.</u>

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 8

DESCRIPTION	AMOUNT
EDUCATION	1,196.
FOOD SERVICES	38,580.
SUPPLIES	4,930.
PURCHASED SERVICES	219.
TRAVEL	29.
MINOR EQUIPMENT	188.
TOTAL TO SCHEDULE M, PART II, LINE 27	45,142.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	113,055.		113,055.	113,055.
NOL CARRYOVER AVAILABLE THIS YEAR			113,055.	113,055.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

4

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 713940

Describe the unrelated trade or business ▶ ADAM PRESS FITNESS CENTER

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>4,802.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>4,802.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>4,802.</u>		<u>4,802.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>4,802.</u>		<u>4,802.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>56,813.</u>
16 Repairs and maintenance		16		<u>760.</u>
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>4,487.</u>
24 Employee benefit programs		24		<u>11,698.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	<u>SEE STATEMENT 10</u>	27		<u>10,542.</u>
28 Total deductions. Add lines 14 through 27		28		<u>84,300.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-79,498.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<u>STMT 11</u>	30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-79,498.</u>

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 10

DESCRIPTION	AMOUNT
DUES & SUBSCRIPTIONS	93.
SUPPLIES	2,504.
TRAVEL	324.
MINOR EQUIPMENT	7,567.
OTHER MISCELLANEOUS EXPENSE	54.
TOTAL TO SCHEDULE M, PART II, LINE 27	10,542.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 11

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	77,219.		77,219.	77,219.
NOL CARRYOVER AVAILABLE THIS YEAR			77,219.	77,219.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

5

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 531190

Describe the unrelated trade or business ▶ SHOVE CHAPEL

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>20,028.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>20,028.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>20,028.</u>		<u>20,028.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>20,028.</u>		<u>20,028.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>47,992.</u>
16 Repairs and maintenance		16		<u>19.</u>
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		<u>5.</u>
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>2,197.</u>
24 Employee benefit programs		24		<u>10,986.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	<u>SEE STATEMENT 12</u>	27		<u>2,716.</u>
28 Total deductions. Add lines 14 through 27		28		<u>63,915.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-43,887.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-43,887.</u>

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 12

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

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 6 main rows and 2 sub-rows for line 8. Columns include line numbers, descriptions, and Yes/No checkboxes.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property descriptions (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY

6

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

Department of the Treasury
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 453220

Describe the unrelated trade or business ▶ GIFT SHOP

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>96,992.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>96,992.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>96,992.</u>		<u>96,992.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>96,992.</u>		<u>96,992.</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>84,876.</u>
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		<u>4,055.</u>
24 Employee benefit programs		24		<u>23,087.</u>
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)	<u>SEE STATEMENT 13</u>	27		<u>96,030.</u>
28 Total deductions. Add lines 14 through 27		28		<u>208,048.</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		<u>-111,056.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		<u>0.</u>
31 Unrelated business taxable income. Subtract line 30 from line 29		31		<u>-111,056.</u>

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

DESCRIPTION

AMOUNT

FOOD SERVICES

3,503.

SUPPLIES

89,026.

PURCHASED SERVICES

89.

OTHER MISCELLANEOUS EXPENSE

3,412.

TOTAL TO SCHEDULE M, PART II, LINE 27

96,030.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Capital Gains and Losses
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

Name THE COLORADO COLLEGE	Employer identification number 84-0402510
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				48.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	48.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				499,793.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	499,793.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	48.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	499,793.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	499,841.

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

Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

THE COLORADO COLLEGE

Social security number or taxpayer identification no.

84-0402510

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	YORKTOWN ENERGY PARTNERS X, LP							48.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►								
								48.

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

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

Social security number or taxpayer identification no.

THE COLORADO COLLEGE

84-0402510

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, if any, to gain or loss, (g) Gain or (loss), (h) Gain or (loss). Rows include CD&R FUND X WATERWORKS B, LP, EIG ENERGY FUND XIV-A, LP, etc.

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