Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

ΑΙ	For the	e 2016 calendar year, or tax year beginning $$ JUL 1 , 2016 and en	ل nding	UN 30, 2017	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang				
	Name chang	Doing business as UNIVERSITY OF DENVER		84-0	404231
	□lnitial return □Final return		oom/suite	E Telephone numbe 303-	r 871-2404
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1	,365,908,062.
	Amen	DENVER, CO 00200		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🔀 501(c)(3) 🔲 501(c)()◀ (insert no.) 🔲 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te: ► HTTP://DU.EDU		H(c) Group exemptio	
-		organization: X Corporation Trust Association Other	L Year	of formation: 1864 N	State of legal domicile: CO
P	art I				
ø	1	Briefly describe the organization's mission or most significant activities: A HIGI	HER E	DUCATIONAL	CD TIPO
and		INSTITUTION, PROVIDING BOTH UNDERGRADUATE			
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose		1 1	
ģ	1			3	23
જ		Number of independent voting members of the governing body (Part VI, line 1b)			8581
ties	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			3400
ξį	1	Total number of volunteers (estimate if necessary)			6,087,515.
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12			0,007,313.
	1 0	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		31,908,981.	
Jue	1		····· E		562,940,150.
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,688,767.	
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,142,618.	3,285,691.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,732,635.	659,170,965.
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 4	54,351,604.	162,865,745.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		54,068,279.	269,647,562.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		464,383.	189,560.
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) 17,538,72	7.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊥		149,894,720.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			582,597,587.
	19	Revenue less expenses. Subtract line 18 from line 12		34,691,741.	76,573,378.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,529,645,819.	1,758,522,373.
AAS	21	Total liabilities (Part X, line 26)		34,619,483.	376,680,489.
蓬	22	Net assets or fund balances. Subtract line 21 from line 20		1,295,026,336.	1,381,841,884.
	art II				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	n preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig		CRAIG WOODY, VICE CHANCELLOR		Date	
He	'e	Type or print name and title			
	,, <u>.</u>	Print/Type preparer's name Preparer's signature	11	Date Check	T PTIN
Pai	ri	KAREN GRIES		211112n1221# "	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
	Only	Firm's address 370 INTERLOCKEN BLVD., SUITE 500		THRESCHA	
	J,	BROOMFIELD, CO 80021		Phone no 30	3-466-8822
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.00	X Yes No

Λ11 1mv1

632002 11-11-16

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Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes." complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2016) COLORADO SEMINARY

Part IV Checklist of Required Schedules (continued)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 28th, did the organization attach a copy of its audited immedial statements to this return? 20b Id the organization roper to me than \$5,000 of grounds or other ancistance to any domestic organization or domestic opportunity on Part K, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 20c Did the organization roper to me than \$5,000 of grounds or other ancistance to any domestic organization or domestic organization or Part K, column (A), line 27 If "Yes," complete Schedule I, Parts I and II 21 X 22 X 23 Did the organization any expert "yes," complete Schedule I, Parts I and III 24 Did the organization any expert "yes," to Part IVI, Scotion, A, line 3, 4, or 5 should compensation of the organization surrort and former officers, directors, flustees, key employees, and highest compensation of the organization surrort and former officers, directors, flustees, key employees, and highest compensation of the organization surrort and former officers, directors, flustees, key employees, and highest compensation of the organization and the year to declare the stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K, If "No", go to line 25s 24b Did the organization invest any proceeds of tax-exempt bends beyond a temporary period exception? 25c Did the organization mixed any proceeds of tax-exempt bends beyond a temporary period exception? 25d Did the organization mixed any another an exercise account of the fina in effective period per		One of the quire a content of the quire a continue of		Yes	No
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Deamber 31, 2002? If "Yes," answer lines 24th trough 24 and complete Schedule IV by eart, that was proceeds of the-exempt bonds? 22					
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23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I "No", so to line 25a and highest compensated employees? If "Yes," complete Schedule I, I" No", go to line 25a and yes and the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "No", go to line 25a and year year year year year year year year			22	X	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule I, "No", yo to line 25a 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No", got bline 25b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c X d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psyables to any current or former officers, directors, trustees, levy employees, port disqualified persons? If "Yes," complete Schedule I, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, levy employee, substantial contributor or employee thereof, agant selection committee emberg, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV as A trument or former officer, director, trustee, or key employee, got of family member of any of these persons? If "Yes," complete Schedule II, Part IV b A family member of a current or former officer, director, trustee, or key employee, got a family member thereof) was an officer, director, trustee, or key employee or a family member thereof) was an officer, director, trustee, or key employee or a family member thereof) was an officer, director, tr					
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(a)3, 501(a)4, and 501(c)(2)9 organizations. Did the organization is any time that it is transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provider. 25b Line organization provide any amount on Part X, line 5, 6, or 22 for receivables from or payes 17 if "yes," complete Schedule L, Part II 27c Did the organization provide a grant or other assistance to an officor, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV a Did the organization receive more than \$25		Schedule J	23	Х	
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			25a		<u>X</u>
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26		***************************************	25b		
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member director) and an officer, director, trustee, or key employee (or a family member		,	26		
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Form 990 (2016) COLORADO SEMINARY 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					ᆜᆜ
		, ,	1 0 17 4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1074			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?	I		1c	250750606060	0.00.00.00.00
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		8581			
	filed for the calendar year ending with or within the year covered by this return	2a			X	2,000,000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the contract of th			2b	Λ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				Х	
	•			3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over a	SD	21	
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country:	accour	19:	- 7a	130,000,000	
Ŋ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	10000000000	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			l
	to file Form 8282?			7с	Re Monagania	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		3,019886
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					x
^	sponsoring organization have excess business holdings at any time during the year?			8	100000000	-23
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a	300000000	х
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9h		X
10	Section 501(c)(7) organizations. Enter:			- 55		
·a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Jakobski s	10000-00-
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	į			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				X
	· · · · · · · · · · · · · · · · · · ·			14a	ļ	 ^
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	₩ U		14b Form	990	(2016)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>		X
Sec	tion A. Governing Body and Management					
		_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or				
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?			8a	Х	1
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		••••			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	tion Division (This cooling toqueto morniator about pointed as the internation				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		••••			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y bololo lilling the low	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	0.050000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	• • • •	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		••••			
C				12c	х	
13			••••	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		••••	14	X	
	Did the process for determining compensation of the following persons include a review and approve		:			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	X	***************************************
a			••••	15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		••••	130		
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mont with a				
ioa				40-		Х
	taxable entity during the year?		••••	16a		47
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			40L	38.383.4	
<u> </u>	exempt status with respect to such arrangements?	***************************************		16b	<u> </u>	<u> </u>
	tion C. Disclosure	IH OH OD CO	TAT 7			
17	List the states with which a copy of this Form 990 is required to be filed MI, MA, MD, NV, N				.1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(5ection 501(c)(3)s o	nıy) a	avallab	не	
	for public inspection. Indicate how you made these available. Check all that apply.	de Oak askel Ol				
	• • •	in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict of interest policy	, and	i tinan	icial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records: 🟲 _				
	ANDREW CULLEN - 303-871-3740					
	2199 S UNIVERSITY BLVD, DENVER, CO 80208					

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.

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

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do		(C	ition		000	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offic	, unle	ss pe	rson i	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EDWARD T. ANDERSON TRUSTEE	1.00	x						0.	0.	0.
(2) KATHERINE ARCHULETA	1.00	 				 				
TRUSTEE		x						0.	0.	0.
(3) JOY S. BURNS	1.00							·		
TRUSTEE		X						0.	0.	0.
(4) MARY SUE COLEMAN	1.00									
TRUSTEE		X						0.	0.	0.
(5) NAVIN DIMOND	1.00									
TRUSTEE		X						0.	0.	0.
(6) MARGOT GILBERT FRANK	1.00								_	_
TRUSTEE-SECRETARY		X		Х	<u> </u>			0.	0.	0.
(7) KEVIN C. GALLAGHER	1.00									
TRUSTEE		Х				ļ	<u> </u>	0.	0.	0.
(8) PETER A. GILBERTSON	1.00	l								
TRUSTEE	1	X		<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
(9) JAMES GRIESEMER	41.00	١.,		,,				000 450		24 574
TRUSTEE-VICE CHAIRMAN, PROFESSOR	1 00	X	<u> </u>	Х		<u> </u>	↓	223,452.	0.	34,574.
(10) CRAIG HARRISON	1.00	١.,						_		0
TRUSTEE	1 00	X	_	_	<u> </u>	┞	ļ	0.	0.	0.
(11) BRANDON C. JOHNSON	1.00	x						0.	0.	0.
TRUSTEE (12) TOWN IN A CON-	1.00	^			┡	-	├	0.	0.	0.
(12) JOHN W. LOW TRUSTEE-VICE CHAIRMAN	1.00	x		x				0.	0.	0.
(13) JOHN A. MILLER	1.00	ᢡ			 	T		-		
TRUSTEE		\mathbf{x}						0.	0.	0.
(14) TRYGVE E. MYHREN	1.00	<u> </u>				1	†			
TRUSTEE		x						0.	0.	0.
(15) DENISE M. OLEARY	1.00				Г	T	T			
TRUSTEE		X						0.	0.	0.
(16) FREDERICO PENA	1.00	1	Ī							
TRUSTEE		X	L		L	L	L	0.	0.	0.
(17) SCOTT J. REIMAN	1.00									
TRUSTEE		X			L	<u> </u>		0.	0.	0.
										Form 990 (2016)

632007 11-11-16

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average	ído	not cl	Pos heck	ition more	than o	one	Reportable	Reportable	Estimated
	hours per	box	unles	ss pe	rson i	s botl	n an	compensation	compensation	amount of
	week	- -	Jei aii	uau	11 6010	17003		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		99/	шреп		(** 2/ 1000 1/1100)		and related
	below	dual 1	utions	_	mpio	sst co oyee	to or			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			_
(18) MARY K. RHINEHART	1.00									
TRUSTEE		Х						0.	0.	0.
(19) JOSEPH W. SAUNDERS	1.00									
TRUSTEE		Х						0.	0.	0.
(20) DOUGLAS G. SCRIVNER	1.00								_	_
TRUSTEE-CHAIRMAN		X		X				0.	0.	0.
(21) CATHERINE C. SHOPNECK	1.00									
TRUSTEE-VICE CHAIRMAN		X		X	_			0.	0.	0.
(22) OTTO TSCHUDI	1.00							_	_	
TRUSTEE		X			<u> </u>			0.	0.	0.
(23) CLARA VILLAROSA	1.00								_	
TRUSTEE		X			L			0.	0.	0.
(24) FREDERICK T. WALDECK	1.00	l								
TRUSTEE	40.00	Х						0.	0.	0.
(25) REBECCA CHOPP	40.00							F21 007	_	75 020
CHANCELLOR	40.00			X				731,907.	0.	75,039.
(26) CRAIG WOODY	40.00			37				207 702	_	70 170
TREASURER/VICE CHANCELLOR		L		X				327,793.	0.	79,170. 188,783.
1b Sub-total								1,283,152.	0.	909,099.
c Total from continuation sheets to Pa								7,342,045.	0.	
d Total (add lines 1b and 1c)								·	<u> </u>	1,097,882.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable										431
compensation from the organization	<u> </u>									Yes No
										res No
3 Did the organization list any former of										3 X
line 1a? If "Yes," complete Schedule J										
4 For any individual listed on line 1a, is the										4 X
and related organizations greater thanDid any person listed on line 1a receive	•									4 X
5 Did any person listed on line 1a received rendered to the organization? If "Yes,"	· ·				-			ed organization or indiv		5 X
Section B. Independent Contractors	Complete Corredar	001	<i>J</i> , <i>J</i> (2011	2010					· · · · · · · ·
Complete this table for your five highe	st compensated in	depe	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of compens	sation from
the organization. Report compensation										•••
and organizations report outsport	· · · · · · · · · · · · · · · · · · ·						1		* · · · · · · · · · · · · · · · · · · ·	(0)

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE WEITZ COMPANY	CONSTRUCTION	
4725 S MONACO STREET, DENVER, CO 80237	SERVICES	6,310,748.
HENSEL PHELPS CONSTRUCTION COMPANY	CONSTRUCTION	
420 6TH AVENUE, GREELY, CO 80631	SERVICES	1,464,306.
SESO MEDIA GROUP LLC, 810 SOUTH SANTA FE		
AVENUE, LOS ANGELES, CA 90021	WEBSITE DESIGN	1,201,510.
TRIBAL LAW POLICY INSTITUTE, 8235 SANTA	RESEARCH GRANT	
MONICA BLVD, SUITE 211, WEST HOLLYWOOD, CA	SUBCONTRACTOR	779,509.
CONSTAGY BROOKS SMITH & PROPHETE LLP		
600 17TH ST #2700S, DENVER, CO 80202	LEGAL	668,309.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

\$100,000 of compensation from the organization > 20

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 COLORADO	DITTALLIA								84-040	1001
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	1		(0)			(D)	(E)	(F)
Name and title	Average			Posi	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per					<u> </u>		from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				emp		organization	(W-2/1099-MISC)	from the
	hours for	or di	98			ated		(W-2/1099-MISC)		organization
	related organizations	nstee	trust		99	neeus				and related organizations
	below	nal tr	tionai		ıploy	tcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANDREW CULLEN	40.00	F	F	-	_	一	_			
ASSISTANT TREASURER/CONTROLLER		1		х				24,318.	0.	7,753
(28) MARGARET HENRY	40.00						T			
ASSISTANT TREASURER/CONTROLLER		1		Х				147,029.	0.	23,088
(29) ROSALYNN FEAGINS	40.00									
ASSISTANT SECRETARY				X				69,602.	0.	18,814
(30) CLAIRE BROWNELL	40.00]								
ASSISTANT SECRETARY	1000			Х		<u> </u>		65,617.	0.	26,235
(31) ANGELA DUGGAN	40.00		·	,,				40 555	0	04 005
ASSISTANT SECRETARY	40.00	 	ļ	Х		<u> </u>	L	49,777.	0.	24,805
(32) GREGG KVISTAD	40.00	ł			7.7			353 305	0	70 157
PROVOST (33) MARGARET BRADLEY DOPPES	40.00	ļ			X	-	-	352,295.	0.	79,157
(33) MARGARET BRADLEY DOPPES VICE CHANCELLOR	40.00	ł			х			540,938.	0.	109,749
(34) THOMAS WILLOUGHBY	40.00	 		_	^		⊢	340,930.	٥.	109,749
VICE CHANCELLOR	40.00	ł			х			247,984.	0.	33,789
(35) DAVID GREENBERG	40.00	┢					-	22,75010		357703
VICE CHANCELLOR		1			Х			216,888.	0.	24,291
(36) PAUL CHAN	40.00									
UNIVERSITY COUNSEL		1			X			241,304.	0.	80,178
(37) ELRIE LABRENT CHRITE	40.00									
DEAN					X			324,257.	0.	42,037
(38) AMY KING	40.00									
VICE CHANCELLOR		L			Х			171,095.	0.	33,600
(39) ARMIN AFSAHI	40.00									
VICE CHANCELLOR					X			378,033.	0.	30,397
(40) LILIANA RODRIGUEZ	40.00							054 600		00 001
VICE CHANCELLOR	40.00	_			X	<u> </u>	<u> </u>	251,620.	0.	29,201
(41) BRUCE SMITH	40.00	-			77	İ		167 053	0	15 262
DEAN GOOTH	40.00	<u> </u>	<u> </u>	<u> </u>	X		_	167,053.	0.	15,262
(42) JOSEPH SCOTT HEAD COACH	40.00	ł				x		388,363.	0.	20 120
(43) JAMES MONTGOMERY	40.00	├				<u> </u>	-	300,303.	0.	20,120
HEAD COACH	40.00	ł				x		477,829.	0.	42,288
(44) WILLIAM TIERNEY	40.00	├─		<u> </u>		 ^	├	Z11,020	0.	±2,200
HEAD COACH		1				х		303,234.	0.	34,630
(45) CHRISTOPHER HILL	40.00	\vdash		\vdash		Ī				
DEAN		1				х		282,907.	0.	36,157
(46) JAMES HOLSTON	40.00									•
		1	I		1	x	1	294,429.	0.	49,651

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued).	Form 990 COLORADO	SEMINAL	₹Y_							84-040	4231
Name and title Average Position Posit	Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
Name and title Average Position Posit				_							(F)
Dours Per work (elect all that apply) Compensation from relation f		1)		1 ' '		
week (list any hours for related organizations below line) 1		1 -	(cl					ly)	1		amount of
(list arry form the related organizations list arry from the related organizations list arry from the support from the related organizations list arry list arry from the related organizations list arry									i i		
WARTIN HATE		1					oyee				
WARTIN HATE			recto				empl			(W-2/1099-MISC)	
WARTIN HATE		1	ord	ee			sated		(W-2/1099-MISC)		
WARTIN HATE			ruster	trus		99	npen			'	
WARTIN HATE			dualt	utiona	_	oldu	stco	5 5			organizations
ACCOUNT NAME ACCOUNT NAME		1	Indivi	Institu	Office	Key e	Highe	Form			
X 327,741. 0.83,972. (48) KEVIN CARROLL	(47) MARTIN KATZ	40.00	┢	\vdash	\vdash			\vdash			
(48) EVIN CARROLL PORMER VICE CHANCELLOR (49) JOZEP BENELEN (40) JOZEP BENELEN (50) JAMES HERBERT WILLIAMS PORMER HIGHEST PAID (50) JAMES HERBERT WILLIAMS (50) JAMES HER			1					x	327.741.	0.	83.972.
X 325,180. 0. 15,707.		40.00	\vdash	H				-		•	33,2,2
(49) JOZEP BERGELEN FORMER DIRECTOR OF PACILITIES (50) JAMES HERBERT WILLIAMS FORMER HIGHEST FAID X 134,419. 0. 19,073. X 276,981. 0. 29,145.			l					x	325.180.	0.	15.707.
FORMER DIRECTOR OF FACILITIES (50) JAMES HERBERT WILLIAMS FORMER HIGHEST FAID X 134,419. 0. 19,073. X 276,981. 0. 29,145.		40.00	┢─	-	-				0.00,000		
(50) JAMES HERBERT WILLIAMS PORMER HIGHST PAID X 276,981. 0. 29,145.								x	134.419.	0.	19.073.
FORMER HIGHEST PAID X 276,981. 0. 29,145.		40.00	\vdash		<u> </u>	 	-	 ^ `			
								x	276.981	n .	29 145
			-	-	-				270,3010	•	25,115.
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Tatal to Day 1/11 Coation A line to		<u>l</u>	Ь			<u> </u>					
	Takalka Daukilli O. C. A. C. A.								6 050 002		909 000

Form 990 (2016) COLORADO
Part VIII Statement of Revenue

1 11 100	4000000	Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
			,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran ru		Membership dues						
Q E		Fundraising events		1,309,150.				
iifts ar A			1d					
3, E		Government grants (contribut						
Sign		All other contributions, gifts, gran						
her		similar amounts not included abo		31,924,368.				
를	١,	Noncash contributions included in lines		4,404,713.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			33,233,518.			
				Business Code	contraction that a contract become and			
ø	2 a	TUITION AND FEES		611310	455,795,933.	455,795,933.		
Ž,	b			611310	59,992,942.	53,821,166.	6,171,776.	
Program Service Revenue	٥			611310	32,485,143.		, ,	
am eve	ď			611310	14,561,360.	14,561,360.		
P. G.	e	amin min I o i i a	•	611310	104,772.	104,772.		
ŗ.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	562,940,150.			
	3	Investment income (including						
		other similar amounts)			1,468,268.		-84,261.	1,552,529.
	4	Income from investment of ta						
	5	Royalties			105,371.			105,371.
			(i) Real	(ii) Personal				
	6 a	Gross rents	2,321,724.					
	b	Less: rental expenses	608,756.					
	c	Rental income or (loss)	1,712,968.					
	d	Net rental income or (loss)	· <u>·····</u>	>	1,712,968.			1,712,968.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	763,311,580.					
	b	Less: cost or other basis						
		and sales expenses	705,068,242.					
	c	Gain or (loss)	58,243,338.					
	d	Net gain or (loss)		>	58,243,338.			58,243,338.
ē	8 a	Gross income from fundraisin						
en		including \$ 1,309						
Re		contributions reported on line	•					
Other Revenu			а					
₽		Less: direct expenses		1,060,099.				
		: Net income or (loss) from fund		>	-551,400.			-551,400.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	=	.				
	10 a	Gross sales of inventory, less						
	l.	and allowances						
		Less: cost of goods sold Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	MISC SERVICE REV		611710	2,018,752.	2,018,752.		
	b							
	c							
	d							
	е	Total. Add lines 11a-11d			2,018,752.			
	12	Total revenue. See instructions.			659,170,965.	558,787,126.	6,087,515.	61,062,806.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo		, , , , , , , , , , , , , , , , , , ,		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
٠	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	454 000 600		
	individuals. See Part IV, line 22	151,008,620.	151,008,620.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	11 055 105	11 057 105		
	individuals. See Part IV, lines 15 and 16	11,85/,125.	11,857,125.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E EEO 217	1 207 002	3 053 004	400 421
	trustees, and key employees	5,558,317.	1,297,802.	3,852,084.	408,431
6	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	214 951 964	183,845,979.	22 027 500	8,978,387
7	Other salaries and wages	214,031,304.	103,043,373.	22,021,330.	0,910,30
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11 600 838	9,932,948.	1,184,633.	483,257
^	Other employee benefits		20,502,905.		
9		14,168,043.		1,633,140.	603,552
0	Payroll taxes Fees for services (non-employees):	14,100,045.	11,751,551.	1,033,140.	005,332
a	Management				
b	Legal	1,326,978.	181,817.	1,145,161.	
	Accounting	176,934.		151,934.	
	Lobbying	58,162.	,	58,162.	
e	Professional fundraising services. See Part IV, line 17	189,560.		, , , , , , , , , , , , , , , , , , , ,	189,560
f	Investment management fees	2,936,075.		2,936,075.	,
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	37,804,960.	31,558,690.	4,716,149.	1,530,121
2	Advertising and promotion	2,845,524.		152,598.	
3	Office expenses	25,811,850.	20,896,941.	3,688,518.	1,226,391
4	Information technology	8,101,098.	5,615,446.	2,342,068.	143,584
15	Royalties				
6	Occupancy		17,653,546.	368,374.	133,765
7	Travel	13,427,075.	12,212,488.	471,155.	743,432
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,829,127.		571,240.	1,567,812
0:	Interest	4,147,723.	3,945,314.	202,409.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,013,799.		732,674.	
:3	Insurance	2,324,537.	1,022,589.	1,301,948.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	7 271 222	7 271 222		
а	BOOKS AND SUBSCRIPTIONS	7,371,333.		1 200 400	CA C1 (
b	FINANCIAL FEES	2,563,860.	1,094,749.	1,399,499.	69,612
c					
d	All all				
е	All other expenses	502 507 507	514 504 022	50 554 029	17 520 705
25	Total functional expenses. Add lines 1 through 24e	582,597,587.	D14,504,834.	50,554,028.	17,538,727
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Par	tΧ	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
	1	Cash - non-interest-bearing	83,279,039.	1	52,362,765.
	2	Savings and temporary cash investments	25,865,812.	2	21,649,976.
	3	Pledges and grants receivable, net	37,793,099.	3	36,518,763.
	4	Accounts receivable, net	20,183,223.	4	24,666,060.
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	159,239.	8	144,693.
	9	Prepaid expenses and deferred charges	3,742,772.	9	5,958,879.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 845, 218, 276	4		
	b	Less: accumulated depreciation 10b 201,501,801	632,000,871.	10c	
	11	Investments - publicly traded securities	494,394,018.	11	705,017,077.
	12	Investments - other securities. See Part IV, line 11	203,229,917.	12	240,092,626.
	13	Investments - program-related. See Part IV, line 11	17,557,233.	13	16,219,039.
	14	Intangible assets	11 110 500	14	10 176 000
	15	Other assets. See Part IV, line 11	11,442,596.	15	12,176,020.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,529,645,819.	16	1,758,522,373.
	17	Accounts payable and accrued expenses	73,779,943.	17	64,532,052.
	18	Grants payable	19,285,436.	18	21,905,507.
	19	Deferred revenue	112,046,697.	19 20	260,533,863.
	20	Tax-exempt bond liabilities	2,607,094.	20	3,074,770.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,007,094.	21	3,014,110.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bili		key employees, highest compensated employees, and disqualified persons.		22	
Lia		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	26,900,313.	25	26,634,297.
	26	Total liabilities. Add lines 17 through 25	234,619,483.	26	376,680,489.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ģ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	795,587,496.	27	842,152,259.
<u>a</u>	28	Temporarily restricted net assets	177,692,800.	28	201,088,016.
D.	29	Permanently restricted net assets	321,746,040.	29	338,601,609.
ä		Organizations that do not follow SFAS 117 (ASC 958), check here			
ᇹ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,295,026,336.	33	1,381,841,884.
		Total liabilities and net assets/fund balances	1,529,645,819.	34	1,758,522,373.

	t XI Reconciliation of Net Assets					
ı aı						X
	Check if Schedule O contains a response or note to any line in this Part XI					
		1	650	7,17	n q	65
1	Total revenue (must equal Part VIII, column (A), line 12)	2		$\frac{2,59}{2,59}$		
2	Total expenses (must equal Part IX, column (A), line 25)			5,57		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,295			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5		7,75	9,4	/0.
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 in Schedule O)	9		2,48	2,6	<u>93.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,381	L,84	1,8	<u>83.</u>
Pai	t 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e bas	is,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e aud	it,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					3000000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	
<u> </u>				Form	990	(2016)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 84-0404231 COLORADO SEMINARY Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type IIII functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	55,349,703.	60,864,647.	36,804,264.	31,908,981.	33,233,518.	218,161,113.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	55,349,703.	60,864,647.	36,804,264.	31,908,981.	33,233,518.	218,161,113.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		2020 CCR				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						44,147,785.
6	Public support. Subtract line 5 from line 4.						174,013,328.
Sec	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	55,349,703.	60,864,647.	36,804,264.	31,908,981.	33,233,518.	218,161,113.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				•		
	and income from similar sources	10,726,195.	6,848,944.	6,493,156.	8,177,293.	3,895,363.	36,140,951.
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.)	2,249,765.	2,156,515.	2,781,598.	2,497,494.	2,527,551.	12,212,923.
11	Total support. Add lines 7 through 10						266,514,987.
	Gross receipts from related activities,						,558,455.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
	organization, check this box and stor	here					>
	ction C. Computation of Publ						CE 20
	Public support percentage for 2016 (14	65.29 %
	Public support percentage from 2015					15	66.28 %
16a	33 1/3% support test - 2016. If the						x and ⊾ ਓਓ
	stop here. The organization qualifies						<u> </u>
b	33 1/3% support test - 2015. If the						⊾ 1
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	_					
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						,
	organization meets the "facts-and-cir						}
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17i		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016 COLORADO SEMINARY 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					<u> </u>	
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	,					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			· '			
the organization without charge						
6 Total. Add lines 1 through 5						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	<u></u>	<u></u>				>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2016 (li			column (f))		15	9
16 Public support percentage from 2015					16	9
Section D. Computation of Inves						
17 Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 2	·				18	Ç
19a 33 1/3% support tests - 2016. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2015. If the	=	=	· -			and
line 18 is not more than 33 1/3%, che	=					
20 Private foundation. If the organization		-			-	
632023 09-21-16	. Sid Hot Gricor d	207 011 1110 17, 10	a, or rob, orieon		edule A /Form 990	

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

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

	Yes	No
1		
2		
-		
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3b		
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10a		Distriction of the Control
10b	1	

	dule A (1 01111 330 01 330 E.2) 2010 10 10 10 10 10 10 10 10 10 10 10 10	710123	<u> </u>	ige 3
Pa	rt IV Supporting Organizations _(continued)		Voc	No
	Health a superimetion accorded a gift or contribution from any of the following persons?		Yes	140
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
D	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1.10	L	
000	don D. Type I capper and Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sec	tion C. Type II Supporting Organizations			
		RATES N. N.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u></u>
Sec	tion D. All Type III Supporting Organizations	······	TV	l Na
		\$0.000 EEEEE	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	1		1910/4910
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		-900000000
_	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	15000000	000000000
Sec	stipported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations		I	J
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The state of the s	instructions	s <u>)</u> .	
2	Activities Test, Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions.
٠	other Type III non-functionally integrated supporting organizations must co			
Secti	on A - Adjusted Net Income	mpioro	(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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		I	
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	· · · · · · · · · · · · · · · · · · ·	1d		
	Total (add lines 1a, 1b, and 1c)	10		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	2		
2	Acquisition indebtedness applicable to non-exempt-use assets	3		
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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integ	rated Type III supporting organ	nization (see
	instructions).	_		

Schedule A (Form 990 or 990-EZ) 2016

84-0404231 Page 7

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2016

Employer identification number

CO	LORADO SEMINARY	84-0404231
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· -	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	a \$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		
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	· · · · · · · · · · · · · · · · · · ·
year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because its, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 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-EZ, or on its Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

COLORADO SEMINARY

84-0404231

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,576,232</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 950,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 999,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,575,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,930,520.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

84-0404231

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\frac{1,023,245.}{}	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

COLORADO SEMINARY

84-0404231

Part II	Noncash Property (See instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	REAL ESTATE	_	
<u>6</u>		-	
		\$ <u>1,925,000.</u>	12/29/16
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I	TARTONG GUARIG OR GEOGR	(
	VARIOUS SHARES OF STOCK	-	
		\$ 1,023,245.	12/23/16
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Part I		- (cee mea doasne)	
		-	
		\$	
(a) No.	//->	(c)	(dl)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	·
(a) No.	/h)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		-	
		- o	
		\$	90 990-F7 or 990-PF) (2

Employer identification number

	DO SEMINARY Exclusively, religious charitable etc. cont	ributions to organizations described i	84-0404231 in section 501(c)(7), (8), or (10) that total more than \$1,000 fo						
	the year from any one contributor. Complete of	columns (a) through (e) and the follow	/ING LINE ENTRY. For organizations						
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 💲						
	Use duplicate copies of Part III if addition	al space is needed.							
o.									
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
t I									
١.									
- .									
-									
<u> </u>									
l		(e) Transfer of gift							
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	Transferee's name, address, at	nd 7 ID ± 4	Relationship of transferor to transferee						
\vdash	Transferee 3 harne, address, di	MEII 14	Troid de la contraction de la						
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			A LANGE TO THE RESIDENCE OF THE PARTY OF THE						
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n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
t I									
-	110.10								
-	544								
_			Lucy						
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee						
-	Transieree 3 name, address, a	III T T	Total of the field of the delivery						
- -			Average						
lo.									
n	(I.) D	(-) (1	4 N PS						
•••	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
i I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is neid						
il	(b) Purpose of glit	(c) Use of gift	(d) Description of now gift is held						
il	(b) Purpose of gift	(c) Use of girt	(d) Description of now gift is held						
<u> </u>	(b) Purpose of gift	(c) Use of girt	(d) Description of now gift is neid						
-	(b) Purpose of gift	(c) Use of girt	(d) Description of now gift is neid						
-	(b) Purpose or girt								
-	(b) Purpose or gitt	(c) Use of gift (e) Transfer of gift							
	(b) Purpose or gitt								
		(e) Transfer of gift							
-	Transferee's name, address, a	(e) Transfer of gift							
-		(e) Transfer of gift							
		(e) Transfer of gift							
		(e) Transfer of gift							
		(e) Transfer of gift							
<u> </u>		(e) Transfer of gift							
O. n	Transferee's name, address, a	(e) Transfer of gift							
O. n		(e) Transfer of gift	t Relationship of transferor to transferee						
O. n	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee						
lo.	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee						
O. m	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee						
O. n	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee						
O. n	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee						
lo.	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 (c) Use of gift	t Relationship of transferor to transferee (d) Description of how gift is held						
lo.	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee (d) Description of how gift is held						
lo. m t l	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	t Relationship of transferor to transferee (d) Description of how gift is held						
lo.	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held						
lo.	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	t Relationship of transferor to transferee (d) Description of how gift is held						
O. m	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	t Relationship of transferor to transferee (d) Description of how gift is held						

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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) organiza	ations: Complete Part III.			
	ne of organization			Empl	oyer identification number
	COLORAI	OO SEMINARY			84-0404231
Pa	rt I-A Complete if the or	ganization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		▶\$	
Pa	rt I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	cincurred by organization managers	s under section 4955	▶\$	
	If the organization incurred a section				
4a	Was a correction made?				Yes No
h	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt unde	r section 501(c),		
	Enter the amount directly expende				
2	Enter the amount of the filing organ				
	exempt function activities			▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
4	Did the filing organization file Form				
5	Enter the names, addresses and e	mployer identification number (EIN)	of all section 527 poli	tical organizations to which	th the filing organization
	made payments. For each organization of the true re-	ation listed, enter the amount paid a romptly and directly delivered to a s	rom the filing organiza	nization such as a separa	ite arriount of political
		f additional space is needed, provid			ite segregated faria of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 🗔	filing organization's funds. If none, enter -0	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) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org	COLOR.	ADO SE	MINARY npt under section	n 501(c)(3) and fil	84-0 ed Form 5768 (el	404231 Page 2 ection under
section 501(h)).		, , ,	P. 1. 2	D + 107 1 - (('1)-1 - 1		· · · · · · · · · · · · · · · · · · ·
- -		=	= ::	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha				violene emply		
B Check ▶ ☐ if the filing organiza	ition check	ed box A ar	nd "limited control" pro	visions apply.	(+) File -	(I-) A46:1:-11
		bying Exper leans amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	-					
c Total lobbying expenditures (add I	-	_	• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditure						
			 N			
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)	וט) וא;		bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,00			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer	ro or less, e	enter-0				
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-				
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	_	<u></u>
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	See	a section 5 the separa	ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns b	elow.
	Lobi	oying Exper	nditures During 4-Yea	r Averaging Period		T
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(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						

Schedule C (Form 990 or 990-EZ) 2016 COLORADO SEMINARY 84-040423 | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(b	o)
	lobbying activity.	Yes	No	Amo	ount
1 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: Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X X			
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	X			3,162.
j	Total. Add lines 1c through 1i			58	3,162.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)	(5), or se	ection	
	301(0)(0)			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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				
	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c	(5), or se	ection	
LS::TS:	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 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).				
а	Current year		2a		
	Carryover from last year				
c			_		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information			•	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	n list): Part l	I-A. lines 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	7,		•	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TH	UNIVERSITY PAYS DUES TO INDEPENDENT HIGHER EDUCA	rion o	F COLO	RADO	
AL	ONG WITH TWO PRIVATE HIGHER EDUCATION INSTITUTIONS	IN CO	LORADO	. THIS	<u>s</u>
ORG	GANIZATION PROVIDES MOSTLY LEGISLATIVE INFORMATION	TO TH	E COLO	RADO	
IN	STITUTIONS AND AT TIMES INFLUENCES LEGISLATORS FOR	THE B	ENEFIT	OF	
PR	IVATE HIGHER EDUCATION.	Cahad	ila C (Eow	, 000 az 00	0-EZ) 2016
		Julieut	11 10 tr 🔾 🕶		~,,,

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 84 - 0404231COLORADO SEMINARY

Par	t I Organizations Maintaining Donor Advised	l 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	1	
2	Aggregate value of contributions to (during year)	0.	
3	Aggregate value of grants from (during year)	58,000.	
4	Aggregate value at end of year	9,977,669.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
Par	10 000 100		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		•
	Preservation of land for public use (e.g., recreation or ed		ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conse	ervation easements during the year
_	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing consequati	an assements during the year
7		iling of violations, and emorcing conservati	on easements during the year
•	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170/h	ο\/Δ\/R\/i\
8			1 1 1 1
9	and section 170(h)(4)(B)(ii)?	on easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		g
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
2 Records	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descril		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> \$0.
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

	t III Organizations Maintaining C	Olloctions of Ar	t Histo	rical Tro	DACHEOC C	r Oth	ar Simi	lar Acco			ige Z
3											
	(check all that apply):										
a	X Public exhibition	d			nange progra	ıms					
b	X Scholarly research	е	Ot	her							
С	X Preservation for future generations			6 11 11				! D	+ V(III		
4	Provide a description of the organization's co							oose in Par	t XIII.		
5	During the year, did the organization solicit or							г	٦,,	v	No
ъ.	to be sold to raise funds rather than to be ma								Yes		NO
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the o	rganizatior	n answered "	Yes" or	1 Form 9	90, Part IV,	line 9, or		
	•			1.25	tl			<u> </u>			
1a	Is the organization an agent, trustee, custodi								7	V	No
	on Form 990, Part X?								∐ Yes	L_4 <u>\</u>	1 NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tat	ole:					A		
							-		Amount	<u> </u>	
	Beginning balance							<u> </u>			
d	Additions during the year							-	 		
е	Distributions during the year							 			
f	Ending balance						<u>[1f</u>	1 7	Yes		T
	Did the organization include an amount on Fo									X	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if			1					() Four		book
		(a) Current year	(b) Pric		(c) Two year			years back	(e) Four		
	Beginning of year balance	628,519,105.		98,198.	489,858			349,528.		,749,	
b	Contributions	65,972,426.		70,937.	157,918		· · · · · · · · · · · · · · · · · · ·	562,402.		,402,	
С	Net investment earnings, gains, and losses	70,697,217.		44,831.	25,752		<u>_</u>	953,139.		,424,	
d	Grants or scholarships	18,316,657.	11,3	147,587.	10,680	778.	9	569,029.	6	,479,	636.
е	Other expenditures for facilities								١ .	0.4.5	
	and programs	10,090,822.		321,080.	10,634		8	832,950.	9	,246,	
f	Administrative expenses	2,936,075.		36,532.		5,387.		604,409.			254.
g	End of year balance	733,845,194.		19,105.		3,198.	489	858,681.	419	,349,	528.
2	Provide the estimated percentage of the curr		e (line 1g,	column (a	i)) held as:						
а	Board designated or quasi-endowment	33.98	_%								
b	Permanent endowment ► 44.65	%									
С	Temporarily restricted endowment ▶2	1.37 %									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	red for	the orgai	nization	ı		
	by:									Yes	No
	(i) unrelated organizations	· · · · · · · · · · · · · · · · · · ·							3a(i)	X	
	.,								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					. 3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990						
	Description of property	(a) Cost or of		(b) Cost		. ,	ccumula		(d) Boo	k valu	е
		basis (investm		basis (` '	d€	preciation				
1a	Land				0,916.				7,98		
	Buildings		6	38,82	1,982.	<u>155,</u>	621,	258 . 48	3,20	<u>υ,7</u>	<u> 24.</u>
	Leasehold improvements										
d	Equipment				9,298.	45,	880,		7,92		
	Other				6,080.				4,60		
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column	(B), line 1	Oc.)			▶ 64	3,71	6,4	75.

Schedule D (Form 990) 2016

Part VII	Investments -	Other Securi	ties.

	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Des	scription of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or er	id-of-year market value
(1) Fina	ncial derivatives				
(2) Clos	sely-held equity interests				
(3) Othe	er				
(A)	ALTERNATIVE INVESTMENTS	239,862,626.	END-OF-YE	AR MARKE	' VALUE
	INTERNATIONAL BOND				
(C)	HOLDING	230,000.	END-OF-YE	AR MARKE	C VALUE
(D)					
(E)					
(F)					
(G)					
(H)		•			
Total. (C	ol. (b) must equal Form 990, Part X, col. (B) line 12.)	240,092,626.			
Part \	VIII Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, P	art X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part I					
Lis Hani sans	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, F	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
181					
(8)					
(9)	Column (h) must equal Form 990 Part X col. (B) lin	e 15.)			-
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin X Other Liabilities.	e 15.)		>	•
(9)	X Other Liabilities.		11e or 11f. See Form		25.
(9) Total. (C	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form	990, Part X, line 2	25.
(9) Total. (0 Part)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			990, Part X, line 2	25.
(9) Total. (0 Part) 1. (1)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	on Form 990, Part IV, line		990, Part X, line 2	25.
(9) Total. (0 Part) 1. (1) (2)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST	on Form 990, Part IV, line	(b) Book value	990, Part X, line 2	25.
(9) Total. ((Part) 1. (1) (2) (3)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST OBLIGATIONS	on Form 990, Part IV, line		990, Part X, line 2	25.
(9) Total. ((1) 1. (1) (2) (3) (4)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST OBLIGATIONS FEDERAL PERKINS LOAN PROG	on Form 990, Part IV, line	(b) Book value	990, Part X, line 2	25.
(9) Total. ((Part) 1. (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST OBLIGATIONS	on Form 990, Part IV, line	(b) Book value	990, Part X, line 2	25.
(9) Total. (() Part 2 1. (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST OBLIGATIONS FEDERAL PERKINS LOAN PROG	on Form 990, Part IV, line	(b) Book value	990, Part X, line 2	25.
(9) Total. ((Part) 1. (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Description of liability Federal income taxes ANNUITY AND LIFE INTEREST OBLIGATIONS FEDERAL PERKINS LOAN PROG	on Form 990, Part IV, line	(b) Book value	990, Part X, line 2	25.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

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

26,634,297.

Par	TXI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		IF 0 F 0 C 0 F C 0
1	Total revenue, gains, and other support per audited financial statements		1 507,863,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 8 850 486	
а		2a 7,759,476.	
b	-	2b	
С		2c / 1 = 1 = 6.40	
d		2d 4,151,648.	11 011 104
е	Add lines 2a through 2d		2e 11,911,124. 3 495,952,645.
3	Subtract line 2e from line 1		3 490,9040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1 2 036 075	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4,930,073.	
b			4c 163,218,320.
_C	Add lines 4a and 4b		5 659,170,965.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemen		
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its with Expenses per	neturii.
			1 421,048,221.
1	Total expenses and losses per audited financial statements		1 121,010,221.
2	1	2a	
a		2b	
b		2c	
ų		2d 1,668,955.	
e	Add lines 2a through 2d		_{2e} 1,668,955.
3	Subtract line 2e from line 1		3 419,379,266.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7.000000
· a		4a 2,936,075.	
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b 160,282,245.	
C	Add lines 4a and 4b		4c 163,218,320.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 582,597,586.
Pai	t XIII Supplemental Information.		
Provi	de 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 additio	nal information.	
PAF	T III, LINE 1A:	· · · · · · · · · · · · · · · · · · ·	
DO	TAMED MODIFE OF ADM ADD GOMETHER GOLLEGISTAN		TITED OT MIX I O
DOL	NATED WORKS OF ART ARE CONSIDERED COLLECTION	IS UNDER THE UN	IVERSITY S
DOT	ICY. COLLECTIONS HELD FOR PUBLIC EXHIBITION	T AND EDITORMEON	TN
POI	ICI. COLLECTIONS RELD FOR FORLIC EXHIBITION	AND EDUCATION	T1/
गान	THERANCE OF PUBLIC SERVICE RATHER THAN FINA	NCTAL GATN ARE	NOT RECORDED
	difficultion of robbits party for intifficial rational ra	TIOTHE CHILL THE	THOT ILLCOIDED
IN	THE STATEMENTS OF FINANCIAL POSITION.		
PAF	T III, LINE 4:		
		•	, ,
THE	UNIVERSITY ACQUIRES AND MANAGES A WIDE VAR	RIETY OF WORKS	OF ART. THESE
ARE	INTENDED TO ENHANCE THE ACADEMIC AND LIFEI	ONG LEARNING E	XPERIENCES OF
		TA BUTTON AT	OMO DD 7370
STU	DENTS, FACULTY, STAFF, AND THE GENERAL PUBL	IC. THESE OBJE	CTS BRING THE
TT2 T T	TIDD GIRL AND GOMENTHY AUDITAGES MOSERIED BY	ם מתתגוו מוואחור ם	VDED TEMOTO
רוזח	VERSITY AND COMMUNITY AUDIENCES TOGETHER TH	IVOOGU DUNKED E	VLCLTUNCES

WITH ART AND POSSESS THE POTENTIAL TO EDUCATE, ENLIGHTEN AND INSPIRE. THE

Part XIII | Supplemental Information (continued)

UNIVERSITY'S ART AND COLLECTION HOLDINGS WILL GENERALLY BE CONSIDERED AS

BELONGING TO ONE OF TWO CATEGORIES: 1) ARTWORK OF GENERAL INTEREST VALUED

PRIMARILY AS ORNAMENTS FOR THE UNIVERSITY'S BUILDINGS AND GROUNDS; OR 2)

THOSE ARTWORKS DEEMED TO BE OF SUFFICIENT ARTISTIC, SCHOLARLY OR FINANCIAL

VALUE TO JUSTIFY INCLUSION IN THE FORMAL UNIVERSITY ART COLLECTIONS.

PART IV, LINE 2B:

THE DISTRIBUTION OF CERTAIN STUDENT FEES IS GOVERNED BY STUDENT

ORGANIZATIONS. THESE FUNDS ARE TEMPORARILY HELD IN THE UNIVERSITY'S

OPERATING BANK ACCOUNT AND RECORDED AS A LIABILITY ON THE UNIVERSITY'S

BALANCE SHEET.

PART V, LINE 4:

SPENDING DISTRIBUTIONS FROM THE UNIVERSITY'S ENDOWMENT FUNDS PROVIDE

SUPPORT TO UNIVERSITY SCHOLARSHIPS (65%), ACADEMIC PROGRAMS (18%), FACULTY

CHAIRS & PROFESSORSHIPS (14%) AND OTHER UNIVERSITY OPERATIONS AND

FUNCTIONS(3%).

PART X, LINE 2:

THE UNIVERSITY IS RECOGNIZED AS AN ORGANIZATION GENERALLY EXEMPT FROM

INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE)

AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AND A PUBLIC CHARITY,

AND NOT AS A PRIVATE FOUNDATION, UNDER SECTION 509(A)(1). HOWEVER, INCOME

GENERATED FROM ACTIVITIES UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS

SUBJECT TO TAX UNDER SECTION 511 OF THE CODE. THE UNIVERSITY HAD NO

MATERIAL AMOUNTS OF UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30,

2017 AND 2016.

Part XIII | Supplemental Information (continued)

THE UNIVERSITY EVALUATES ITS TAX POSITION IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC TOPIC 740-10, INCOME TAXES (FORMERLY, FASB INTERPRETATION NO. 48). FASB ASC TOPIC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS.

FASB ASC TOPIC 740-10 REQUIRES ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART OF THE BENEFIT CAN BE RECORDED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES. A TAX POSITION IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED UPON SETTLEMENT. THE UNIVERSITY HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2017.

PART	XI,	${ t LINE}$	2D	_	OTHER	ADJUSTMENTS:
------	-----	-------------	----	---	-------	--------------

SPECIAL EVENT EXPENSES	1,060,199.
RENTAL EXPENSES	608,756.
ACTUARIAL ADJUSTMENT	2,482,693.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,151,648.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS	160,282,245.

PART	XII,	${ t LINE}$	2D		OTHER	ADJUSTMENTS:
------	------	-------------	----	--	-------	--------------

SPECIAL EVENT EXPENSES	1,060,199.	
RENTAL EXPENSES		608,756.
VENIAL EVERNOES		000,730.

TOTAL TO SCHEDULE D, PART XII, LINE 2D

1,668,955.

Schedule D (Form 990) 2016

Schedule	D (Form	990) 2016		COLORA	ADO SEMINAR	Y			84-040423	1 Page 5
Part X	III Sup	plement	al Info	COLORA rmation (co	ntinued)					
						<u> </u>			-	
PART	XII,	LINE	4B -	- OTHER	ADJUSTMENT:	S:			· · · · · · · · · · · · · · · · · · ·	
~~~~									160.00	0 045
SCHO	LARSH	IPS			•	·			160,28	2,245.
		<del></del>								
										·····
			<del>,</del>							
							*****			
				· .				· · · · · · · · · · · · · · · · · · ·		
										······································
					•					

#### **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Schools** 

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

rm 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

COLORADO SEMINARY

Employer identification number 84-0404231

Pa	rt l			
			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?	1	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?	2	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	3	X	
	SEE PART II			
4	Does the organization maintain the following?	1	X	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	X	<b></b>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40		
C		4c	X	
d	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	<b>-</b>
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered the to any of the above, please explain. If you need more space, door are in			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e	<u></u>	X
f	Use of facilities?	5f		Х
	Athletic programs?	5g	ļ	X
h	Other extracurricular activities?	5h	100000000000000000000000000000000000000	Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_			X	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<del>  ^</del>	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	7	X	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		42	1

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

Schedule E (Form 990 or 990-EZ) 2016

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 3 - EXPLANATION OF NONDISCRIMINATION POLICY: THE UNIVERSITY INCLUDES DESCRIPTIONS ON ITS WEBSITE AND STATES ON THE BOTTOM OF THE UNIVERSITY WEB PAGES THAT "THE UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION." THE FOLLOWING NON-DISCRIMINATION POLICY IS PUBLICIZED IN COLLEGE ADMISSION AND OTHER PUBLICATIONS THAT ARE DIRECTED TOWARD THE STUDENT'S EDUCATIONAL EXPERIENCE. THE UNIVERSITY OF DENVER IS AN EQUAL OPPORTUNITY INSTITUTION. IT IS THE POLICY OF THE UNIVERSITY NOT TO DISCRIMINATE IN ADMISSION OF STUDENTS, IN THE PROVISION OF SERVICES, OR IN EMPLOYMENT ON THE BASIS OF RACE, ETHNICITY, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION OR DISABILITY. THE UNIVERSITY COMPLIES WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, REGULATIONS AND EXECUTIVE ORDERS. LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE UNIVERSITY PARTICIPATES IN FEDERAL AND STATE FINANCIAL AID PROGRAMS INCLUDING: PELL GRANT PROGRAM, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM, FEDERAL DIRECT LENDING PROGRAM, FEDERAL WORK-STUDY PROGRAM AND TEACH GRANT PROGRAM. COLORADO STATE PROGRAMS INCLUDE: COLORADO STUDENT GRANT PROGRAM, COLORADO GRADUATE GRANT PROGRAM AND COLORADO COLLEGE WORK-STUDY PROGRAM.

#### 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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

COLORADO SEMINARY	84-0404231
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 grant	ts and other assistance,

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

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes

United States.

United States.  3 Activities per Region. (T	he following Parl	I. line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA &	0	0	GRANTS		194,999.
CENTRAL AMERICA &					
CARIBBEAN	0	0	INVESTMENTS		203,535,823.
CENTRAL AMERICA &			PROGRAM SERVICES	ACADEMIC SUPPORT AND	76,943.
CARIBBEAN		0	PROGRAM SERVICES	BIODENI SERVICES	70,545.
CENTRAL AMERICA &		0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	11,259.
CENTRAL AMERICA & CARIBBEAN	C	0	PROGRAM SERVICES	INSTRUCTION	307,345.
CENTRAL AMERICA &		0	PROGRAM SERVICES	RESEARCH & PUBLIC	80,262.
CARIBBEAN		0	PROGRAM SERVICES	BERVICE	00,202.
EAST ASIA & THE					
PACIFIC		0	GRANTS		5,145,658.
EAST ASIA & THE			DDOGDAN GEDYTGEG	ACADEMIC SUPPORT AND STUDENT SERVICES	50 227
PACIFIC 2 a Sub total	(	0 0	PROGRAM SERVICES	DIODEMI SEVATORS	50,227. 209,402,516.
<b>3 a</b> Sub-total <b>b</b> Total from continuation					
sheets to Part I	(	0			22,361,606.
c Totals (add lines 3a and 3b)		0			231,764,122.

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

Schedule F (Form 990) 2016

Schedule F (Form 990)  Part I Continuation	n of Activitie		n.(Schedule F (Form 990), Part I, line 3	84-040	4 2 3 1 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				·	
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	INSTRUCTION	1,359,439.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH & PUBLIC SERVICE	77,450.
EUROPE	0	0	GRANTS		2,016,880.
EUROPE	0	0	INVESTMENTS		5,326,946.
EUROPE	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	234,857.
EUROPE	0	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	19,899.
EUROPE	0	0	PROGRAM SERVICES	INSTRUCTION	5,310,227.
				RESEARCH & PUBLIC	
EUROPE	0	0	PROGRAM SERVICES	SERVICE	248,686.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		879,832.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	84,524.
Totals					

Schedule F (Form 990)  Part   Continuation	COLORADO		.Y <b>n.</b> (Schedule F (Form 990), Part I, line :		4231 Page 1
	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	4,807.
MIDDLE EAST & NORTH			DROGRAM GERNAGEG	INSTRUCTION	450 365
AFRICA	0	0	PROGRAM SERVICES	INSTRUCTION	458,365.
MIDDLE EAST & NORTH				RESEARCH & PUBLIC	
AFRICA	0	0	PROGRAM SERVICES	SERVICE	600.
NORTH AMERICA	0	0	GRANTS		1,733,045.
NORTH AMERICA	C	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	133,100.
NORTH AMERICA		0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	42,764.
MODELL AMEDICA		0	PROGRAM SERVICES	INSTRUCTION	149,614.
NORTH AMERICA		, 0	FROGRAM SERVICES	INSTRUCTION	143,014
				RESEARCH & PUBLIC	
NORTH AMERICA	(	0	PROGRAM SERVICES	SERVICE	14,446.
RUSSIA AND					
NEIGHBORING STATES	(	0	GRANTS		103,678.
Dugger Are			·	ACADEMIC CUIDDODE AND	
RUSSIA AND NEIGHBORING STATES	(	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	1,561.
Totals					
1 J. C.	1				•

በ11_1 ጥ ነ

(f) Total

expenditures

for region

62,991.

8,801.

437,856.

840.

915,248.

9,110.

913,748.

55,559.

1,468.

205,253.

SOUTH ASIA

**Totals** 

0

PROGRAM SERVICES

INSTRUCTION

Schedule F (Form 990)  Part I Continuatio		SEMINAR	.Y <b>n.</b> (Schedule F (Form 990), Part I, line 3	84-04(	)4231 _{Page}
(a) Region	(b) Number of offices in the 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
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH & PUBLIC SERVICE	49,137
SUB-SAHARAN AFRICA	0	0	GRANTS		431,428
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	1,868
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INSTRUCTION	678,483
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH & PUBLIC SERVICE	356,090
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INSTITUTIONAL SUPPORT	33,006
Totals					22,361,606

COLORADO SEMINARY

Schedule F (Form 990) 2016 COLORADO SEMINARY
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.

(i) Method of valuation (book, FMV, appraisal, other)						:		Schedule F (Form 990) 2016
(h) Description of noncash assistance				·				Sche
(g) Amount of noncash assistance							xempt by	
(f) Manner of cash disbursement		·					recognized as tax-e	
(e) Amount of cash grant							s foreign country,	
(d) Purpose of grant							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	
(c) Region	. :						is listed above that are r I has provided a section	r entitles
(b) IRS code section and EIN (if applicable)							recipient organization the grantee or counsel	Enter total number of other organizations of entities.
1 (a) Name of organization			3500 (12)					s Enter total number or

45

Schedule F (Form 990) 2016 COLORADO SEMINARY

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)
EDUCATIONAL SCHOLARSHIPS	SUB-SAHARAN AFRICA	22	431,428,	DIRECT APPLICATION TO 428, STUDENT ACCOUNT	.0		N/A
EDUCATIONAL SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	vo	194,999.	DIRECT APPLICATION TO STUDENT ACCOUNT	0	- N.0	N/A
EDUCATIONAL SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	411	5,145,658.	DIRECT APPLICATION TO 658, STUDENT ACCOUNT	0	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	EUROPE	63	2,016,880.	DIRECT APPLICATION TO 880, STUDENT ACCOUNT	•0	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	40	879,832.	DIRECT APPLICATION TO STUDENT ACCOUNT	•0	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	NORTH AMERICA	47	1,733,045.	DIRECT APPLICATION TO STUDENT ACCOUNT	0.	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	L	.103,678.	DIRECT APPLICATION TO STUDENT ACCOUNT	0.	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	SOUTH AMERICA	17	437,856.	DIRECT APPLICATION TO STUDENT ACCOUNT	.0	N/A	N/A
EDUCATIONAL SCHOLARSHIPS	SOUTH ASIA	45	913,748.	DIRECT APPLICATION TO 913,748.STUDENT ACCOUNT	.0	N/A	N/A
						Sched	Schedule F (Form 990) 2016

## Schedule F (Form 990) 2016 COLORADO SEMINARY Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	X Yes	□ No

Schedule F (Form 990) 2016

#### 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 UNIVERSITY OF DENVER HAS A UNIVERSITY WIDE SCHOLARSHIP AND GRANT
ALLOCATION SYSTEM AND PROCESS THAT DISTRIBUTES GRANT AND SCHOLARSHIP
FUNDS FOR ALL DIVISIONS OF THE UNIVERSITY. THE PURPOSE AND ELIGIBILITY
CRITERIA ARE ESTABLISHED AT THE FUND LEVEL. THE EXPENDITURE OF THIS
FINANCIAL RESOURCE IS MONITORED THROUGH A COMPREHENSIVE SOFTWARE SYSTEM
WHICH ALLOWS FOR RECONCILIATION, ELIGIBILITY CHECKS, AND PREVENTS OVER
EXPENDITURE. THE UNIVERSITY ALSO PARTICIPATES IN ANNUAL INDEPENDENT
FINANCIAL AUDITS TO ENSURE COMPLIANCE. ALL SCHOLARSHIPS AND GRANTS TO
DOMESTIC AND FOREIGN RECIPIENTS ARE DIRECTLY APPLIED TO THE RECIPIENT'S
TUITION AND FEE RECEIVABLE ACCOUNT AND IS APPLIED TO ANY OUTSTANDING
CHARGES PRIOR TO DISBURSEMENT OF ANY EXCESS AMOUNTS.
SCHEDULE F, PART I
EXPENDITURES LISTED IN PART I ARE REPORTED USING AN ACCRUAL METHOD OF
ACCOUNTING.

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization 84-0404231 COLORADO SEMINARY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants g X Special fundraising events X Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or П No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) contributions' ANNUAL GIVING TELEPHONE RUFFALO NOEL LEVITZ - PO BOX Yes No 0. SOLICITATION Х 178,248 189,560 3018, CEDAR RAPIDS, IA 178,248. 189 560. 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. AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ND,NC,MS,MO,MN,MI,ME,MD,MA,TN,SC,RI PA,OR,OK,OH,NY,NV,NM,NJ,NH,WV,WI,WA,VA,UT

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

84-0404231 Page 2 Schedule G (Form 990 or 990-EZ) 2016 COLORADO SEMINARY 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events SPORTING NONE (add col. (a) through EVENTS DINNERS col. (c)) (total number) (event type) (event type) Revenue 1,352,938. 464,911. 1,817,849. 1 Gross receipts _____ 171,854. 1,309,150. 1,137,296 2 Less: Contributions 508,699. 215,642. 293,057. Gross income (line 1 minus line 2) ....... Cash prizes 20,525. 20,525. Noncash prizes Direct Expenses 5,500. 140,664. 135,164. Rent/facility costs 398,099. 109,710. 507,809. 7 Food and beverages 54,300. 54,300. 8 Entertainment _____ 336,801. 335,225. 1,576. Other direct expenses 1,060,099. 10 Direct expense summary. Add lines 4 through 9 in column (d) -551,400. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016 COLORADO SEMINARY	84-0404231 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am of gaming revenue retained by the third party ▶ \$	ount
c If "Yes," enter name and address of the third party:	
on roo, onto mand address of the time party.	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
daming manager compensation is a	
Description of services provided	
Director/officer Employee Independent contractor	
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 spen	
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 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines 9, 9b, 10b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISERS:
(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ	·
(I) ADDRESS OF FUNDRAISER: PO BOX 3018, CEDAR RAPIDS, IA 5	2406-3018

632083 09-12-16

Schedule G (Form 990 or 990-EZ)	COLORADO SEMINARY	84-0404231 Page 4
Schedule G (Form 990 or 990-EZ)  Part IV   Supplemental Info	ormation (continued)	***
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		·
		· · · · · · · · · · · · · · · · · · ·
		·

632084 04-01-16

Schedule G (Form 990 or 990-EZ)

## SCHEDULE (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.

Open to Public

Inspection

OMB No. 1545-0047 2016

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization  COLORADO SEMINARY	SEMINARY				)		Employer identification number 84-0404231
Part I General Information on Grants and Assistance	ind Assistance						The state of the s
1 Does the organization maintain records to substantiate the amount of the	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	<u>'</u>
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring 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.	Domestic Organi \$5.000. Part II car	izations and Domestic	c Governments. Colonal space is need	omplete if the orgal led.	nization answered "Y	'es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	( <b>p</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
TEACH FOR AMERICA 1391 SPEER BLVD, STE 710 DENVER, CO 80204	13-3541913	501(C)3	25,000.	0			GENERAL USE
MILE HIGH UNITED WAY 711 PARK AVE WEST DENVER, CO 80205	84-0404235	501(C)3	20,000.	0			GENERAL USE
						,	
					·		
					. *		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	e line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

COLORADO SEMINARY

84-0404231

Page 2

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. Schedule | (Form 990) (2016)

Part III Grants and Other

(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-FEDERAL SEOG PROGRAM	332	663,191.	°	. N/A	N/A
FINANCIAL AID-STATE PROGRAMS	415	1,794,547.	0	0. N/A	N/A
FINANCIAL AID-ENDOWED AND GIFT FUNDED	3232	12,973,191.	.0	0.N/A	N/A
FINANCIAL AID-GTA WAIVERS	113	600,238.	• 0	.N/A	N/A
FINANCIAL AID-INSTITUTIONAL EDUCATION GRANTS	9612	132,393,953.	• 0	. N.A	N/A
Supplementa	uired in Part I, Iin	e 2; Part III, column	(b); and any other a	rt I, line 2; Part III, column (b); and any other additional information.	
PART I, LINE 2: THE UNIVERSITY OF DENVER HAS A UNI	UNIVERSITY	WIDE SCHOL	SCHOLARSHIP AND	GRANT	
ALLOCATION SYSTEM THAT DISTRIBUTES	GRANT	AND SCHOLARSHIP	SHIP FUNDS	TO ALL	
DIVISIONS OF THE UNIVERSITY, THE P	PURPOSE A	AND ELIGIBILITY	LITY CRITERIA	RIA ARE	
ESTABLISHED AT THE FUND LEVEL. THE	EXPENDITURE	OF	THIS FINANCIAL	AL RESOURCE	
IS MONITORED THROUGH A COMPREHENSIVE	VE SOFTWARE	i	SYSTEM WHICH ALL	ALLOWS FOR	
RECONCILIATION, ELIGIBILITY CHECKS,	AND	PREVENTS OVER	R EXPENDITURE.	URE. THE	
UNIVERSITY ALSO PARTICIPATES IN AN	ANNUAL IND	INDEPENDENT F	FINANCIAL A	AUDITS TO	September 1
ENSURE COMPLIANCE. ALL SCHOLARSHIPS	AND	GRANTS TO DO	DOMESTIC AND	FOREIGN	
632102 11-01-16		54			Schedule I (Form 990) (2016)

Schedule I (Form 990) COLORADO SEMINARY Part III   Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	ARY duals in the Unite	<b>d States</b> (Schedule	(Form 990), Part III	(:	84-0404231 Page 2
(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 non-cash assistance
EDUCATIONAL AWARDS AND ASSISTANCE	1,012.	.003,583,2		0.N/A	N/A
					Schedule I (Form 990)

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

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

COLORADO SEMINARY

Employer identification number

84-0404231

1			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	<u></u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	(addicate acceptance of	Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b	i de la constanta	X
	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	19130		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	100000000000000000000000000000000000000
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	30503337	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 COLORADO SEMINARY
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2 ar		nd/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penelits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) JAMES GRIESEMER	<u>(i)</u>	215,232.	7,500.	720.	18,791.	15,783.	258,026.	0
TRUSTEE-VICE CHAIRMAN, PROFESSOR	<b>E</b>	0	0	0	0	0	0	0
(2) REBECCA CHOPP	Ξ	671,467.	50,000.	10,440.	39,200.	35,839.	806,946.	0
CHANCELLOR	(E)	0	1	• 0	0	0		0
(3) CRAIG WOODY	ε	313,381.	7,500.	6,912.	71,200.	7,970.	406,963.	0.
TREASURER/VICE CHANCELLOR	⊞		0	0	• 0	0		0.
(4) MARGARET HENRY	Ξ	147,029.	0.	0	12,053.	11,035.	170,117.	0
ASSISTANT TREASURER/CONTROLLER	<u>(E)</u>	0	0	0	0	0		• 0
(5) GREGG KVISTAD	Θ	338,015.	7,500.	6,780.	71,200.	7,957.	431,452.	0
PROVOST	(II)	1	0		0			0
(6) MARGARET BRADLEY DOPPES	Ξ	306,587.	7,500.	226,851.	96,200.	13,549.	650,687.	0
VICE CHANCELLOR	<u>(ii)</u>			• 0		• 0		0.
(7) THOMAS WILLOUGHBY	(i)	233,584.	7,500.	.006,9	19,171.	14,618.	281,773.	.0
VICE CHANCELLOR	(ii)		0		0	0.		0
(8) DAVID GREENBERG	(i)	210,808.	2,000.	1,080.	17,035.	7,256.	241,17	0
VICE CHANCELLOR	(ii)	• 0		0				0.
(9) PAUL CHAN	(i)	236,964.	3,500.	840.	19,722.	60,456.	321,48	0.
UNIVERSITY COUNSEL	(ii)		0.	0.				• 0
(10) ELRIE LABRENT CHRITE	(1)	317,257.	7,000.	0.	21,200.	20,837.	366,29	0
DEAN	(ii)		0	0.	• 0			0
(11) AMY KING	(i)	170,015.	0.	1,080.	14,096.	19,504.	204,69	0
VICE CHANCELLOR	(ii)							0
(12) ARMIN AFSAHI	(i)	359,973.	7,500.	10,560.	21,773.	8,624.	408,43	0
VICE CHANCELLOR	(ii)			0				0
(13) LILIANA RODRIGUEZ	(i)	246,620	5,000.	0.	8,364.	20,837.	280,821.	0
VICE CHANCELLOR	(ii)			0.	0			0
(14) BRUCE SMITH	(i)	164,053.	3,000.	0		15,262.	182,31	0
DEAN	(ii)		0					0
(15) JOSEPH SCOTT	Ξ	125,224.	0	263,139.	12,650.	7,470.	408,48	0
нвар соасн	(ii)					ľ		0
(16) JAMES MONTGOMERY	Ξ	319,549.	150,000.	8,280.	21,200.	21,088.	520,11	0
нвар соасн		0	0	0	0	0	0	0

Schedule J (Form 990) 2016

COLORADO SEMINARY

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(a)-(i)(a)	in columin (b) reported as deferred on prior Form 990
(17) WILLIAM TIERNEY	€	236,700.	60,654.	5,880.	19,373.	15,257.	337,864.	0.
нвар соасн	(E)		1	1 1		ıı	1 1	0
(18) CHRISTOPHER HILL	€	272,274.	5,000.	5,633.	21,20	14,957.	319,064.	0
DEAN	(1)		1				1	0
(19) JAMES HOLSTON	(i)	288,349.	5,000.	1,080.	21,20	28,451.	344,080.	0.
DEAN	(II)		0	0.				0
(20) MARTIN KATZ	Θ	327,741.	0	• 0	24,547.	59,425.	411,713.	0
FORMER DEAN	Ξ	0	0					0.
(21) KEVIN CARROLL	Ξ	149,655.	0	175,525.	14,042.	1,665.	340,887.	• 0
FORMER VICE CHANCELLOR	Œ	1	0					0.
(22) JOZEF BEMELEN	Ξ	129,309.	0	5,110.	10,61	8,462.	153,492.	0.
FORMER DIRECTOR OF FACILITIES	: <u>(i</u>	0	0	0	0	0	0	0
(23) JAMES HERBERT WILLIAMS	Ξ	276,619.	0	362.	21,200.	7,945.	306,126.	0.
FORMER HIGHEST PAID	Ξ	0	0	0	0	• 0	• 0	0.
	Ξ							
	<u> </u>							
	(i)							
	(ii)							
	(I)							
	(ii)							
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	(ii)							
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	(E)							
	Ξ	,						
	(ii)							
	(E)							
	Ξ							
	Ξ							
	(ii)							
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COLORADO SEMINARY

Page 3

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 III | Supplemental Information

PART I, LINE 1A:

THE PROPERTY CHANCELLOR WHO USES THE THE UNIVERSITY PROVIDES HOUSING FOR

FOR UNIVERSITY ACTIVITIES

FULFILLED THE BUSINESS PURPOSE FOR INSTANCES WITH DOCUMENTATION IN LIMITED UNIVERSITY WILL PAY THE APPROVALS, ANY REQUIRED PRIOR THE COMPANION AND BONA ď IS FOR A COMPANION WHEN THE COMPANION TRAVEL Q TRAVEL EXPENSES FOR THE ACHIEVEMENT OF THE UNIVERSITY'S 5 F AND IMPORTANT PURPOSE, FIDE BUSINESS

EMPLOYEE AND COMPANION THE ОFJ PURPOSES THAT REQUIRE THE TRAVEL Q Fi CERTAIN EMPLOYEES RECEIVE ATHLETIC/COUNTRY CLUB MEMBERSHIPS AS PART

H S3 THE MEMBERSHIP THE NON-BUSINESS USE PORTION OF THEIR COMPENSATION.

RECORDED AS TAXABLE EARNINGS TO THE EMPLOYEE.

PART I, LINES 4A-B:

\$260,379 SCOTT RECEIVED AN EMPLOYMENT SEPARATION PAYMENT OF JOSEPH 525. \$175, QF. KEVIN CARROLL RECEIVED AN EMPLOYMENT SEPERATION PAYMENT Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

COLORADO SEMINARY

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.

MARGARET BRADLEY-DOPPES PARTICIPATION IN 457(F) RETIREMENT PLAN \$57,000

\$32,000 GREGG KVISTAD PARTICIPATION IN 457(F) RETIREMENT PLAN

\$32,000 RETIREMENT PLAN 457(F) Z CRAIG WOODY PARTICIPATION ,000 \$18, PLAN RETIREMENT 457(B) MARGARET BRADLEY-DOPPES PARTICIPATION IN

\$18,000 RETIREMENT PLAN 457(B) Z PARTICIPATION CHOP REBECCA \$18,000 RETIREMENT PLAN 457(B) GREGG KVSITAD PARTICIPATION IN

\$18,000 RETIREMENT PLAN 457(B) Z CRAIG WOODY PARTICIPATION 457(F) FROM HER \$218,511 MARGARET BRADLEY-DOPPES RECEIVED A PAYMENT OF b IN HER FORM W-2 AND SCHEDULE THIS AMOUNT IS REFLECTED RETIREMENT PLAN.

OTHER REPORTABLE COMPENSATION

PART I, LINE 7:

Schedule J (Form 990) 2016

SEMINARY	
Schedule J (Form 990) 2016 COLORADO	Part III Supplemental Information

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WITH THE EXCEPTION OF COACHES, INDIVIDUALS LISTED IN PART II RECEIVE A
BONUS OR INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF CERTAIN PERFORMANCE
CRITERIA DURING THE YEAR.
Schedule J (Form 990) 2016

Ч ENTILX

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE K (Form 990)

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

2016 Open to Public Inspection

OMB No. 1545-0047

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

(i) Pooled å 888 2,890,000 29,075,000, financing 793,113 × × × × 2015 ŝ å 281, (g) Defeased (h) On behalf 84-0404231 ŝ × × × × Δ Δ of issuer 28, Yes % |≪ Yes × × ŝ × × × × 820,085. 717 321,632 Yes 000'869 ٩ ŝ 2007 45,839, REFUNDING SERIES EFUNDING SERIES REFUNDING SERIES SERIES AND 2005B O ပ (f) Description of purpose 44, Yes Yes × × × BONDS 2005B BONDS 997 BONDS REFUNDING 2001A AND CONTINUATIONS 9,751,232. B, 855,000. 2,996 9,953,292 ,064 × × ŝ ŝ 2005A 2008 66 Ω ٠ ف Yes 717. 000 Yes 24,159,389 292 × × (e) Issue price 839 075 953, 23,913,938. 45, 29, 451 510,000 24,159,389 (H ) × ŝ ŝ 2013 245, σ AND 03/04/08 09/01/15 (d) Date issued 03/01/13 10/10/07 Yes Yes (A) × × × FOR COLUMNS SE84-08967271964584T7 SE84-0896727119645RSR3 SE84-0896727119645RFA4 (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, SE84-0896727 ΙN (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? PART SEMINARY which owned property financed by tax-exempt bonds? SEE Has the final allocation of proceeds been made? Working capital expenditures from proceeds COLORADO ĸ FACILITIES FACILITIES FACILITIES FACILITIES Capital expenditures from proceeds Credit enhancement from proceeds EDUCATION EDUCATION EDUCATION EDUCATION Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Bond Issues Part II Proceeds CULTURAL COLORADO CULTURAL CULTURAL COLORADO COLORADO COLORADO CULTURAL Part Ω Ŋ ဖ ω 6 9 ပ F 4 5 4 5 9

832121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 6 3

Schedule K (Form 990) 2016

2 ENTITY

> SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

2016 Open to Public

OMB No. 1545-0047

explanations, and any additional information in Part VI.

➤ Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

(g) Defeased (h) On behalf (i) Pooled ž financing Employer identification number × × ŝ ŝ ŝ 84-0404231 × × of issuer ۵ Yes Yes Yes å × × Yes ŝ ŝ 133,026,969. RENOVATION, IMPROV REFUNDING SERIES O O (f) Description of purpose Yes Yes CONSTURCTION 2005B BONDS 272. CONTINUATIONS ,381. 1,070,109 × ş × 133,029 131,959 Ω Δ 500,000 Yes Yes (e) Issue price 12, 3,235,000 12,500,000 120,910 379,090 년 ş ŝ AND 03/01/16 (d) Date issued 06/27/17 12, Yes × es (A) × FOR COLUMNS SE84-0896727119645R6D8 (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, SE84-0896727 ΙΛ (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? PART SEMINARY which owned property financed by tax-exempt bonds? SEE Has the final allocation of proceeds been made? Working capital expenditures from proceeds COLORADO FACILITIES FACILITIES Capital expenditures from proceeds Credit enhancement from proceeds EDUCATION COLORADO EDUCATION Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Part II Proceeds CULTURAL COLORADO B CULTURAL Parti ဖ ω 0 9 9 N Ŋ 얻 5 4 햔 O

832121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $6\,4$ 

bond-financed property?

Schedule K (Form 990) 2016

×

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ENTITY 1

Schedule K (Form 990) 2016 COLORADO SEMINARY	:		84-	84-0404231	되	T X.I.T.I.NS	-1	Page 2
Part III Private Business Use (Continued)								
	,	A		В		S	Δ	
3a Are there any management or service contracts that may result in private	Xes ×	S _O	Ύes	S _O	×es	N _o	Υes	oN N
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?	<		∢		<b>4</b>		4	
c Are there any research agreements that may result in private business use of bond-financed property?	×			×	×			×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside		Þ				<b>&gt;</b>		
counsel to review any research agreements relating to the financed property?		4				4		
						ò		2
		%		%		%		% 00
5 Enter the percentage of illuanced property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another		00				,		00
		% 00.		° 00.		% 00.		- 1
7 Does the bond issue meet the private security or payment test?		×		×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-								-
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
Has the organization established written procedures to ensure that all hondualified								
bonds of the issue are remediated in accordance with the requirements under	٥		<b>&gt;</b>		Þ		, >	
Regulations sections 1.141-12 and 1.145-2?	4		4		4		4	
Part IV Arbitrage								
	-	A		В		S		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	oN N	Yes	Š	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×		×		×		×	
b Exception to rebate?		×		×		×		×
c No rebate due?		×	×		×			×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X		×		×		×
4a Has the organization or the governmental issuer entered into a qualified								!
hedge with respect to the bond issue?		×		×		×		×
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
632122 10-19-16	:					Sch	edule K (Fo	Schedule K (Form 990) 2016

~ ENTITY

Schedule K (Form 990) 2016 COLORADO SEMINARY			84-	-0404231	1	T T T N1:0	4	Page 2
Part III Private Business Use (Continued)								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		A		В	<b>S</b>		Δ :	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Xes ×	o _N	Yes	°×	Yes	0	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×	-						
c Are there any research agreements that may result in private business use of bond-financed property?		×		×				
d 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?								***************************************
		% 00.		% 00.		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, anoth								
section 501(c)(3) organization, or a state or local government		% 00.		% 00.		%		%
6 Total of lines 4 and 5		% 00.		% 00.		%		%
7 Does the bond issue meet the private security or payment test?		×		×				
8a Has there been a sale or disposition of any of the bond-financed property to a non-		;		ļ				
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				ì		Š		Č
		%	-	%		%		%
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	٥		Þ		-			
Regulations sections 1.141-12 and 1.145-2?	4		4					
Part IV Arbitrage								
		A		В		S	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×			-	
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×		×					
<b>b</b> Exception to rebate?		×		×				
c No rebate due?	×		×					
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?		×		×				
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
632122 10-19-16						Sch	Schedule K (Form 990) 2016	m 990) 2016

ENTITY 1

Page 3

84-0404231 COLORADO SEMINARY Schedule K (Form 990) 2016

Part IV Arbitrage (Continu

c	A	Yes No Yes No Yes	X			temporary period? X X X	ments of	X X X		A B C	Yes No Yes No Yes No	ensure that violations of	cted through the voluntary	liable under applicable X X	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Part IV Arbitrage (Continued)			5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	h Name of provider	c Term of GIC	6 Were any gross proceeds invested beyond an available temporary period?	ĺ .	section 148?	Part V Procedures To Undertake Corrective Action		TOTAL CONTRACTOR OF THE PARTY O	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:

ENTILX

Page 3

 $\alpha$ 84-0404231 COLORADO SEMINARY Schedule K (Form 990) 2016

Part IV Arbitrage (Continued)

	_	∢		m	J	C		D
	Yes	No	Yes	No	Yes	No	Yes	No
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?		×		×				
7 Has the organization established written procedures to monitor the requirements of section 148?	×		×					
Part V Procedures To Undertake Corrective Action								
		A		В		S	- 1	٥
	Yes	Š	Yes	No	Yes	No	Yes	S _N
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?	×		×					
Part VI Supplemental Information. Provide additional information for responses to question	is on Schedul	e K. See inst	ructions					
ULE K, PART I, BOND ISSUES:								
) ISSUER NAME: COLORADO EDUCATION & CULTURAL	-	1	SERIES	2013				
(F) DESCRIPTION OF PURPOSE: REFUNDING SERIES 2005B	5B BONDS	SC						
EDUCATION & CULTURA	L FACILITIES	1	SERIES	2008				
DESCRIPTION OF PURPOSE: REFUNDING SERIES	7 BOND	23						
(a) TSSTIER NAME: COLORADO EDITORATION & CITLATIRAL FACTILITES	. TTT.TT	1	SERTES	2007				
DESCRIPTION OF PURPOSE: REFUNDING	2001A AND	05B	BONDS					
(A) TSSHER NAME: COLORADO EDHCATION & CULTURAL F	FACILITIES	ı	SERIES	2014A				
IPTION OF PURPOSE:								
REFUNDING SERIES 2005A BONDS AND 2014A CAPITALIZED		INTEREST						
	ACILIT	ı	SERIES	2014B				
(F) DESCRIPTION OF PURPOSE: REFUNDING SERIES 2005B	5B BONDS	DS						
(A) ISSUER NAME: COLORADO EDUCATION & CULTURAL F	FACILITIES	1	SERIES	2017A				
ON OF PURPOSE:	1 1							
CONSTURCTION, RENOVATION, IMPROVEMENT AND EQUIPPING OF	- 1	CAMPUS IMPROVEMENTS	IMPROV	EMENTS				
SCHEDULE K. PART IV. ARBITRAGE, LINE 2C:								
NAME: COLORADO EDUCATION & CULTURAL	FACILITIES		SERIES	2008				
PERFORMED:	3/04/2	013						

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· · · · · · · · · · · · · · · · · · ·
Schedule K (Form 990) 2016

#### SCHEDULE L

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open To Public

COLORADO SEMINARY   Excess Benefit Transactions (section 501(c)(4), section 501(c)(4), and 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.   (d) Relationship between disqualified person and organization   (e) Description of transaction   (d) Corrected?   Yes   No   No   No   No   No   No   No   N	Internal Revenue Service	Information abou	t Schedule L (For	m 990 (	or 990-	EZ) and its instruction	s is at www.irs.g	iov/forms	990.	In	spect	ion	
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 FZ, Part V, line 40b.  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (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  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 of loan of	Name of the organization							E	nploye	r ident	ificati	on nu	mber
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 of transaction  (c) Description of transaction  (d) Corrected?  Yes No  No  Yes No  1	C	OLORADO	SEMINARY	7				8	4-04	1042	31		
(c) Description of transaction  (d) Corrected?  Yes No  Yes No  Ves No  Part II Loans to and/or From Interested Persons.  Complete if the organization no Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Persons of Interested person   (a) Name of interested person interested persons because 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 (b) Relationship (c) Purpose of Interested person of Interes	Part I Excess Bene	fit Transacti	ons (section 5	01(c)(3	), sect	ion 501(c)(4), and 50	1(c)(29) organiz	ations o	nly).				
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes No Yes	Complete if the c	organization ansv	wered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-F	Z, Part \	, line 4	0b.			
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 reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person with organization with organization principal amount of tax, if any, on line 2, above, reimbursed by the organization organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (b) Relationship (c) Purpose of Interested person interested person interested person interested person interested person interested persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28; or if the organization organization organization principal amount principal amount (f) Balance due (g) In default?  Yes No Yes No Yes No Yes No 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 answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance assistance assistance assistance assistance assistance assistance assistance.	1	(b) F				ified					(d)	Corre	cted?
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 of loan (c) Purpose of loan (d) Person (d) Relationship loan (d) Person (d) Perso	(a) Name of disqualified p	erson				(0	) Description of	transac	tion		Y	es	No
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 of loan (c) Purpose of loansistance (c) Amount of loansistance (c) Purpose of loansistance (c)													
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 of loan (c) Purpose of loansistance (c) Amount of loansistance (c) Purpose of loansistance (c)													
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 of loan (c) Purpose of loan (d) Complete if the organization of loan (d) Person (													
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 of loan (c) Purpose of loan (d) Complete if the organization of loan (d) Person (													
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 of loan (c) Purpose of loan (d) Complete if the organization of loan (d) Person (													
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 of loan (c) Purpose of loan (d) Complete if the organization of loan (d) Person (													
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) To From (e) Original principal amount principal amo	2 Enter the amount of tax i	ncurred by the c	organization mar	nagers	or disc	qualified persons du	ring the year un	der					
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   (c) Purpose of loan   (d) Loan to organization?   (e) Original principal amount   (f) Balance due   (g) In default?   (g) I										·			
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 of loan (c) Purpose of loan (c) Purpose of loan (d) Loan to organization of loan (d) Loan to organization (f) Balance due principal amount (f) Balance due (g) In default? (h) Approved (i) Written by board or committee? (h) Approved (ii) Written default? (h) Approved (iii) Writte	3 Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization			. •	·			
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 of loan	Dest III Legis to one	Voy Every Ind	arested Der	10000									
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 organization?  To From  (e) Original principal amount  (f) Balance due principal amount  (g) In default?  (e) Original principal amount  (e) Origi													
(a) Name of interested person  (b) Relationship with organization  (c) Purpose of loan  (d) Loan to or from the organization?  To From  (e) Original principal amount  (f) Balance due (g) In default?  Yes No Yes No Yes No Yes No  (a) Name of interested person  (b) Relationship between interested person  (b) Relationship between interested person and of loan  (d) Loan to organization (e) Original principal amount  (f) Balance due (g) In default?  (h) Approved organization (i) Written agreement?  Yes No Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes N	•	•				, Part V, line 38a or l	Form 990, Part	IV, line 26	o; or it t	he org	anızatı	on	
Interested person with organization of loan organization?  To From Principal amount Geraut. Committee? agreement from Principal amount Geraut. Committee			<del></del>			(a) Original	(6) Delever d		a) In	(h) Ap	proved	/:X \/	Iritton
To From Yes No Yes No Yes No To No Yes No Ye				fron	n the		(f) Balance d			bý bo	ard or	agree	ment?
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 assistance assistance (e) Purpose of assistance assistance	# F	ľ		<del> </del>	г	' '		Vo	e No	+	<del></del>	Voc	No
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   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e)				10	FIOIII			- 1.0	3 140	163	140	163	140
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 (c) Amount of assistance (d) Type of assistance assistance										_		1	<del> </del> -
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 inte									<b>-</b>		1		
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 inte									<b>-</b>	<del>                                     </del>	T	<b></b>	1
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 inte				<u> </u>						1			
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 inte					1	- 4.2-4.4				1			1
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 inte						,							
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 inte													
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 inte													
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 (c) Amount of assistance (d) Type of assistance assistance													
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and interested person and assistance (c) Amount of assistance assistance	Total												
(a) Name of interested person (b) Relationship between interested person and interested person and (c) Amount of assistance (e) Purpose of assistance	Part III Grants or As	sistance Be	nefiting Inte	reste	d Pe	rsons.							
interested person and assistance assistance assistance	Complete if the c	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27.							
interested person and	(a) Name of interested p	oerson	(b) Relationship	betwe	en								of
					d	assistance	ass	istance			assisi	ance	
			the organiz	- CLIOII									
										<del>,</del>			
								<del></del>					

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

Schedule L (Form 990 or 990-EZ) 2016

	(b) Relationship between interested person and the organization	Bb, or 28c.  (c) Amount of transaction	(d) Description of transaction	(e) Sharir organizat	tion's
	person and the organization	Hansachon	transaction	revenue Yes	es? No
EVENT RENTS USA, LLC	TRUSTEE (KEVIN C. G	313,165.	RENTAL OF F		X
Part V Supplemental Information Provide additional information for resp	oonses to questions on Schedule L (see i	instructions).			
CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVII	NG INTEREST	ED PERSONS:		
A) NAME OF PERSON: EVENT	RENTS USA, LLC				
B) RELATIONSHIP BETWEEN :	INTERESTED PERSON ANI	ORGANIZAT	!ION:		
RUSTEE (KEVIN C. GALLAGHI	ER)				
D) DESCRIPTION OF TRANSAC	CTION: RENTAL OF FURI	NISHINGS &	EQUIPMENT		
			1.5		
					$\overline{}$

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

COLORADO SEMINARY

Employer identification number 84-0404231

Pai	TI Types of Property		T			<u>,</u>	
		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d		
		applicable	contributions or	amounts reported on	noncash contrib	•	ts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art	X	12	0.	APPRAISAL		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	67	2,479,713.	FMV		
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	1,925,000.	APPRAISAL		
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ( SCIENTIFIC TE)	X	1	80,000.	FMV		
26	Other • ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		1	
						Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.				•		
31	Does the organization have a gift acceptance					31 X	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash	1		
	contributions?			***************************************		32a	X
b	If "Yes," describe in Part II.		·				
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	ty for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) (2016)

#### 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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**ZU ID**Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COLORADO SEMINARY

Employer identification number 84-0404231

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

CREATIVE THOUGHT AND GENERATING KNOWLEDGE. OUR ACTIVE PARTNERSHIPS WITH

LOCAL AND GLOBAL COMMUNITIES CONTRIBUTE TO A SUSTAINABLE COMMON GOOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND APPLIED LEARNING EXPERIENCES THAT WILL ENABLE STUDENTS TO EXPAND

THEIR SKILLS, DEEPEN THEIR EXPERTISE AND APPLY THEIR KNOWLEDGE TO

BENEFIT THEMSELVES AND THE WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL

AND SOCIAL DEVELOPMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: AUXILLARY ACTIVITIES 2016-2017 ACADEMIC YEAR: THE AUXILLARY ENTERPRISES AT THE UNIVERSITY OF DENVER EXIST TO FURNISH GOODS OR SERVICES TO STUDENTS, FACULTY, STAFF, INSTITUTIONAL DEPARTMENTS AND THE PUBLIC. MOST PROMINENT OF THESE ENTERPRISES PROVIDE SUPPORT TO OUR STUDENTS WHICH INCLUDES; A UNIVERSITY HEALTH CENTER AND RESIDENCE AND FOOD THE UNIVERSITY ALSO HAS A PERFORMING ARTS CENTER THAT FACILITIES. HOSTS PERFORMANCES BY THE FACULTY AND STUDENTS OF THE UNIVERSITY AND THE REGION'S FINEST PERFORMING ARTS ORGANIZATIONS. A SMALL CONFERENCE AND EVENTS SERVICES DEPARTMENT ROUNDS OUT THE UNIVERSITY'S AUXILARY ENTERPRISE ACTIVITIES. INCLUDING GRANTS OF \$ 0. REVENUE \$ 59,992,942. EXPENSES \$ 36,700,085.

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

Schedule O (Form 990 or 990-EZ) (2016)

COLORADO SEMINARY

Employer identification number 84-0404231

RESEARCH AND PUBLIC SERVICE: THE UNIVERSITY OF DENVER FACULTY MEMBERS

RECEIVED SUBSTANTIAL FUNDING FROM GOVERNMENTAL AND PRIVATE SOURCES TO

SUPPORT THEIR SCHOLARSHIP. THE UNIVERSITY HAS LONG PROMOTED A

TEACHER/SCHOLAR MODEL FOR ITS FACULTY, ENCOURAGING PROFESSIONS TO EXCEL

IN THE CLASSROOM AND IN RESEARCH. MUCH OF THE FACULTY SCHOLARSHIP

CONTRIBUTES TO THE UNIVERSITY OF SERVING THE PUBLIC GOOD.

EXPENSES \$ 19,003,996. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,608,768.

FORM 990, PART VI, SECTION A, LINE 1:

IN ACCORDANCE WITH THE BYLAWS OF THE UNIVERSITY, BETWEEN SESSIONS OF THE
BOARD OF TRUSTEES THE FUNCTIONS AND POWERS OF THE BOARD ARE VESTED IN AN
EXECUTIVE COMMITTEE COMPOSED OF (A) THE CHAIRMAN, CHAIR ELECT, VICE
CHAIRMAN AND SECRETARY, TOGETHER WITH THE TREASURER, IF THE TREASURER IS A
TRUSTEE, (B) THOSE TRUSTEES WHO MAY FROM TIME TO TIME CHAIR THE FOLLOWING
COMMITTEES: FINANCE AND BUDGET, FACULTY AND EDUCATIONAL AFFAIRS, STUDENT
AFFAIRS, INSTITUTIONAL ADVANCEMENT, BUILDING AND GROUNDS, TRUSTEE AFFAIRS,
AUDIT, INVESTMENT, AND ATHLETIC AFFAIRS, AND (C) SUCH ADDITIONAL TRUSTEES
AS THE CHAIRMAN MAY APPOINT PROVIDED

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES NOMINATES INCOMING TRUSTEES TO BE RECOMMENDED FOR APPOINTMENT BY THE UNITED METHODIST CHURCH AT THEIR ANNUAL CONFERENCE.

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

FORMS 990 AND 990-T ARE PREPARED BY AN INDEPENDENT AUDIT FIRM,

CLIFTONLARSONALLEN LLP, USING INFORMATION PROVIDED BY MANAGEMENT. THE FORMS

ARE THEN FORWARDED TO MANAGEMENT FOR REVIEW. THE FORM IS PRESENTED TO AND

REVIEWED BY THE UNIVERSITY'S AUDIT COMMITTEE WHICH HAS THE AUTHORITY TO

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

**Employer identification number** 84-0404231

ACCEPT THE SUBMISSION AND REPORT TO THE EXECUTIVE COMMITTEE OR FULL BOARD OF TRUSTEES.

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

THE UNIVERSITY PROVIDES ALL TRUSTEES, OFFICERS, DEANS, AND DIRECTORS WITH A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY IN ACCORDANCE WITH BOARD POLICY. THE DISCLOSURE FORM ADDRESSES TRANSACTIONS WITH INTERESTED PERSONS, COMPENSATION FROM RELATED ORGANIZATIONS, RELATIONSHIPS AMONG TRUSTEES AND INDEPENDENCE OF TRUSTEES. ALL DISCLOSURES FROM STAFF ARE REVIEWED BY THE UNIVERSITY'S INTERNAL AUDIT FUNCTION AND REPORTED TO THE SENIOR STAFF AND AUDIT COMMITTEE, IF APPROPRIATE. ALL DISCLOSURES FROM TRUSTEES ARE REVIEWED AND REPORTED ON THE FORM 990, IF APPROPRIATE, AND DISCLOSED TO THE UNIVERSITY'S AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

DELIBERATIONS AND DISCUSSIONS FOR THE CHANCELLOR'S COMPENSATION PACKAGE ARE CARRIED ON IN EXECUTIVE SESSION OF THE BOARD OR ITS EXECUTIVE COMMITTEE. THE COMPENSATION OF THE UNIVERSITY'S CHANCELLOR IS DETERMINED BY UTILIZING DATA FROM SURVEYS AND OTHER PUBLISHED SOURCES ON COMPARABLE INSTITUTIONS. THE INITIAL COMPENSATION IS SET BY THE BOARD (AND REFLECTED IN THE CHANCELLOR'S EMPLOYMENT CONTRACT) AND REVIEWED, AND ADJUSTED IF APPROPRIATE, ANNUALLY BY THE BOARD OR ITS EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DISCUSSED COMPENSATION FOR THE CHANCELLOR DURING DECEMBER 2017.

DELIBERATIONS AND DISCUSSIONS FOR THE COMPENSATION OF THE CHANCELLOR'S DIRECT REPORTS ARE CARRIED ON BY THE COMPENSATION SUBCOMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION SUBCOMMITTEE REVIEWS MARKET DATA AND THE 632212 08-25-16

Name of the organization  COLORADO SEMINARY	Employer identification number 84-0404231
CHANCELLOR'S RECOMMENDATION FOR THE COMPENSATION OF DIREC	T REPORTS. THE
CHANCELLOR'S DIRECT REPORTS INCLUDE THE PROVOST, GENERAL	COUNSEL, AND ALL
VICE-CHANCELLORS INCLUDED ON FORM 990 PART VII, SECTION A	
DELIBERATIONS AND DISCUSSIONS REGARDING BUDGETED COMPENSA	TION POOLS FOR ALL
EMPLOYEES INCLUDING TOP MANAGEMENT AND KEY EMPLOYEES, EXC	CEPT THE CHANCELLOR
(CEO), ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF	THE ANNUAL BOARD
MEETNG THAT APPROVES THE BUDGET FOR THE UPCOMING YEAR. TH	IIS PROCESS LAST
TOOK PLACE IN JUNE 2016 FOR FISCAL YEAR 2017. COMPENSATION	ON FOR ALL
EMPLOYEES INCLUDING TOP MANAGEMENT AND KEY EMPLOYEES IS F	REVIEWED ANNUALLY
AS A PART OF THE UNIVERSITY'S PERFORMANCE AND MERIT PROCE	ESS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE UNIVERSITY HAS ITS BOARD POLICIES AND CONFLICTS OF CO	OMMITMENT AND
INTEREST, AND THE FINANCIAL STATEMENTS AVAILABLE ON THE U	JNIVERSITY'S
WEBSITE. THE ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQU	JEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL ADJUSTMENTS	2,482,693.

# SCHEDULE R (Form 990)

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

► Attach to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Department of the Treasury Internal Revenue Service

COLORADO SEMINARY

Employer identification number 84-0404231

Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(q)	(၁)	(p)	(e)	(£)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
HIGHLANDS RANCH GOLF CLUB - 84-0404231					
9000 CREEKSIDE WAY					
HIGHLANDS RANCH, CO 80129	GOLF COURSE OPERATIONS	COLORADO	2,955,533.	4,885,638.0	4,885,638.COLORADO SEMINARY
KNOBEL EVENTS, LLC					
2199 S UNIVERSITY BLVD	EDUCATIONAL				
DENVER, CO 80208	EVENTS/RESTAURANT	COLORADO	366,087.		COLORADO SEMINARY
Identification of Related Tax-Exempt Organizations. Complete	ations. Complete if the organization ar	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	ırt IV, line 34 becaus	e it had one or more	related tax-exempt

Part II organizations during the tax year.

Section 512(b)(13) controlled entity?	No						
Section 5 contr	Yes						
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))						
(d) Exempt Code section							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

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

Schedule R (Form 990) 2016

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COLORADO SEMINARY Schedule R (Form 990) 2016

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. PartIII

Schedule R (Form 990) 2016 General or Percentage Section Section 512(b)(13) controlled entity? Yes No 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. 图 × Percentage ownership Yes 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ø Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>@</u> Share of total income PRUST Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē COLORADO SEMINARY **©** Legal domicile (state or foreign country) ဥ ত Direct controlling entity ত্ত Primary activity INVESTMENTS (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization CHARITABLE REMAINDER TRUSTS (15) Name, address, and EIN of related organization 2199 S UNIVERSITY BLVD 80208 ဥ DENVER, Part IV

632162 09-06-16

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.					Yes	No
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?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ.			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9		×
(6)				٤	-	×
			***************************************	=		×
				2	T	
e Loans or loan guarantees by related organization(s)				<u>ئ</u> و		4
to the state of th				÷		×
				=	1	ز <u>ا</u> :
g Sale of assets to related organization(s)				1g		X
Purchase of assets from related organization(s)				4		×
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>;</del> ;		×
י באטומושפט טן מסספנט איונון ופומנפט טן שמוויבמנוטועט (ס)				:	T	>
j Lease of facilities, equipment, or other assets to related organization(s)				=		4
k I ease of facilities equipment or other assets from related organization(s)				¥		×
					İ	Þ
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		<b>ا</b>  ۲
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ΕĘ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ed organization(s)			t.	×	
				٩	×	
				:		
						Þ
p Reimbursement paid to related organization(s) for expenses				읩	1	4
q Reimbursement paid by related organization(s) for expenses				19		×
						Þ
r Other transfer of cash or property to related organization(s)					1	4
s Other transfer of cash or property from related organization(s)	***************************************			15		×
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	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amot introduced	(d) Method of determinion amount involved	involved		
	type (a-s)					
(1)						
<u> </u>						
8						
(4)						
			Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Vising and Andreas Visin			
(2)					Ì	
(9)						
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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.

(k) rcentage vnership					
General or Permanaging ov partner?					Č
Gene part					
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?					1
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?			-		
er 501	5		 		
Predominant income (related, unrelated, excluded from tax		·			
(c) Legal domicile (state or foreign country)					
(b) Primary activity				·	
(a) (b) (c) (d)  Name, address, and EIN Primary activity (related, unrelated, of entity of entity sections 512-514)					

Schedule F	R (Form 990) 2016 COLORADO SEMINARY	84-0404231	Page 5
Part VII	(Form 990) 2016 COLORADO SEMINARY  Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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