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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public

	r + bo		25 V 22	ır, or tax year beginning 07	7-01-2009 and ending 06-30-201	<u> </u>		Inspection		
				C Name of organization	-01-2009 and ending 00-30-201	<u> </u>	D Employer i	identification number		
	dress ch	nange use	IRS	Colorado Christian University			84-04424	84-0442429		
	me cha	labe		Doing Business As		E Telephone number				
	ial retu	type	e. See				(303) 963	3-3000		
	mınate	Inst	ruc-	Number and street (or P O I 8787 W Alameda Ave	oox if mail is not delivered to street addre	ss) Room/suite	G Gross receip	ots \$ 56,582,968		
— _{Am}	ended	return		City or town, state or countr	, and ZIP + 4		1			
		n pending		Lakewood, CO 80226	*					
			Nor	l ne and address of principa	Lofficar			_		
				n Armstrong	romcer		ıs a group reti ates?	urn for		
				N Alameda Ave						
			akewo	ood,CO 80226			ll affiliates incl			
I Ta	x-exem	npt status 🔽	501(c) (3) ◀ (insert no)	(a)(1) or		o," attach a li: up exemption	st (see instructions) number ⊳		
J W	ebsit e	e: ► www.ccu	ıedu] ` ´				
		ganization 🔽 C	Corporat	tion Trust Association	Other 🕨	L Year of fo	ormation 1914	M State of legal domicile CO		
Pa	rt I	Summar	•							
	1	•		-	r most significant activities / providing Christ-centered higher	education				
2		Colorado Cil	iis tiai	ir o iliversity serves dou by	providing christ-centered ingher	education				
Governance										
≣										
Š	2	Check this b	ox 🟲	if the organization disco	ntinued its operations or disposed	of more than	25% of its ne	et assets		
	3	Number of vo	oting r	members of the governing	body (Part VI, line 1a)			3		
Activities &	4	Number of in	deper	ndent voting members of th	ie governing body (Part VI, line 11	o)	•	419		
Ě	5	Total numbe	rofer	nployees (Part V , line 2a)				5 922		
ਙ	6	Total numbe	rofvo	olunteers (estimate if nece	ssary)			619		
⋖	7a	Total gross (unrela	ted business revenue from	Part VIII, column (C), line 12	•		7a 128,990		
	b	Net unrelate	d busi	iness taxable income from	Form 990-T, line 34			7b 122,064		
						Pric	or Year	Current Year		
	8	Contributio	ns and	d grants (Part VIII, line 11	n)		1,394,615	3,462,224		
를	9	9 Program service revenue (Part VIII, line 2g)					36,727,274	38,248,309		
Reveni	10	Investment	t incor	me (Part VIII, column (A),	lines 3, 4, and 7d)		-2,927,857 3			
Ť	11	O ther reve	nue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		2,394,621	642,070		
	12				st equal Part VIII, column (A), lın	e	27 500 652	42.670.011		
							37,588,653	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		
	13				olumn (A), lines 1-3)		5,473,516	6,565,639		
	14				olumn (A), line 4)	_		0		
8	15	Salaries, ot 10)	herco	ompensation, employee be	nefits (Part IX, column (A), lines !	5-	19,437,256			
Expenses	16a	•	al fund	draising fees (Part IX, colu		143,828	 			
<u>s</u>	ь	Total fundrais	ıng exp	enses (Part IX, column (D), line	25) • 796,024					
_	17	O ther expe	nses	(Part IX, column (A), lines	11a-11d, 11f-24f)		13,429,573	15,825,629		
	18	Total exper	ises /	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		38,484,173	40,788,766		
	19	Revenue le	ssexp	penses Subtract line 18 fr	om line 12		-895,520	1,881,245		
Net Assets or Fund Balances						_	g of Current Year	End of Year		
5 g	20	Total asset	s (Pai	rt X, line 16)			49,188,291	50,070,003		
35 25 25 25 25 25 25 25 25 25 25 25 25 25	21						15,949,706			
200	22			nd balances Subtract line :			33,238,585	<u> </u>		
Pai	t II	Signatur					, ,	, ,		
		_			nined this return, including accompanying	schedules and s	statements, and t	to the best of my knowledge		
					on of preparer (other than officer) is base					
C:										
Sigr Her		****** Signature of	of office	er		2011- Date	-04-13			
	_	1,				Date				
				President/CFO ne and title						
		1 F			Data	Chack if	Dron	ntifung number		
		Preparer's signature	Todd E	Ensign		Check If self-	Preparer's ide	ntıfyıng number ons)		
Paid		, ,		_		empolyed 🕨 🦵				
	arer's	Firm's name (or if self-employe	,	Capin Crouse LLP			EIN Þ			
Use (Unly	address, and Z		962 Emerson Parkway Ste		LIVF				
				Greenwood, IN 46143			Phone no 🕨	(317) 885-2620		
May	the IR	S discuss thi	s retu	·	above? (see instructions)			✓ Yes No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission Of Colorado Christian University is to serve God by providing Christ-centered higher education. The purpose of Colorado Christian University is - to enable students to pursue a Christ-centered undergraduate and graduate education in an institution of higher education that integrates biblical concepts with the arts, sciences and professional fields - to encourage students to integrate their Christian faith and higher learning by developing thoughtful Christian perspectives - to challenge students to engage in opportunities for spiritual growth, character development, social interaction and community participation - to prepare graduates for leadership and service within their selected careers and communities - to sustain a community of faculty, administrators and staff who exemplify Christian faith and character and excellence in their professional fields

2	Did the organization undertake any the prior Form 990 or 990-EZ? .				「Yes ▼ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?	· ·		nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes or	Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	rganizations and secti	on 4947(a)(1) trusts a	re required to report the amo	
4a	(Code) (Expenses	s \$ 32,913,887	ıncludıng grants of \$	6,565,639) (Revenue \$	33,666,096)
	Colorado Christian University is accredited programs designed to equip students to be Lakewood Campus, at Regional Centers t	ecome leaders in their care	ers, communities, families a		
4b	(Code) (Expenses	s \$ 4,230,263	ıncludıng grants of \$	0) (Revenue \$	4,986,438)
	Auxiliary enterprises represent primarily th	e food and housing service	es provided to students of CO	CU	
4c	(Code) (Expenses	5 \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describe	e ın Schedule O)			
	(Expenses \$	including grants o	f \$) (Revenue \$)
4e	Total program service expenses►\$	37,144,15	50		

	•		
Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i> "	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No		
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes			
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes			
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes			
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country ▶					
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο		
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?					
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?					
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
1	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal					
	benefit contract?	7e		Νo		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g				
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h				
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
)	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
0	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year T2D]				

8787 W Alameda Ave Lakewood, CO 80226 (303) 963-3000

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

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 20					
ь	Enter the number of voting members that are independent 19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
ке	venue Code.)		V	N-		
10-	Does the organization have local chapters, branches, or offiliates?	10a	Yes	No No		
	Does the organization have local chapters, branches, or affiliates?			N o		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Νο		
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13		Νο		
14						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b		Νο		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Se	ction C. Disclosure	· '				
17	List the States with which a copy of this Form 990 is required to be filed ►AK, KY, NH, WA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ı ⊩		
	The Organization					

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee			
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Hormer Highest compensated Amployee		Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data												

1b Total	898,390	0	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation		
Sodexho Inc PO Box 905374 Charlotte, NC 28290	Food Service	1,487,360		
CDW Government 75 Remittance Drive Chicago, IL 60675	Computer Equipment	642,705		
NCS Pearson 13036 Collection Drive Chicago, IL 60693	E-Learning Provider	630,113		
Murphy Mechanical Service PO Box 790379 St Louis, MO 63179	Maintenance	338,287		
Thomas N Scheffel & Assoc 3801 East Florida Avenue Ste 600 Denver, CO 80210	Legal Services	309,203		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►12				

Form **990** (2009)

Page 8

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated camp	oaigns 1a					
きき	ь	Membership du	es 1b					
ე_წ	С	Fundraising eve	ents 1 c	50,087				
Ĕä	d	Related organiz	ations 1d	33,000				
% ≣ %	e	Government grants	s (contributions) 1e	956,885				
등등	f	All other contribution	ons, gifts, grants, and 1f	2,422,252	ł	ł		
至至		sımılar amounts no	t included above					
======================================	g	Noncash contri	butions included in 1,121					
contributions, giffs, grants and other similar amounts	h	lines 1a-1f \$. 1a-1f	▶	3,462,224			
) a	-"-	Totali Add Illics	, 10 11		, ,			
e⊒		T		Business Code				
ven	2a	Tuition and fees		900,099	33,666,096	33,666,096		
윤	Ь	Student housing		721,310	2,807,801	2,807,801		
15.e	С	Food service		721,310	1,684,550	1,684,550		
<u>7</u>	d	Bookstore revenue		451,211	89,862	89,862		
Ξ	e							
Program Serwice Revenue	f	All other progra	m service revenue					
<u>چ</u>		Total Add lines	:2a-2f	<u> </u>	38,248,309	+		
	g 3		ome (including dividen		30,248,309	+		
			ome (including divident aramounts)	·	294,000	+		294,000
	4		tment of tax-exempt bond p	F	,			,
	5			. .				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	155,889					
	ь	Less rental	27,357					
	l c	expenses Rental income	128,532					
		or (loss)			400 500			400 500
	d	Net rental incor	me or (loss)	-	128,532			128,532
		Gross amount	(ı) Securities 13,868,456	(II) O ther 13,200				
	7a	from sales of	13,000,430	13,200				
		assets other than inventory						
	ь	Less cost or other basis and	13,858,248					
		sales expenses						
	С	Gain or (loss)	10,208	13,200				
	d	Net gain or (los	s)		23,408			23,408
۸.	8a	Gross income fi events (not incl	_					
ř			,087					
ङ >		of contributions	reported on line 1c)					
ž.		See Part IV, lin						
Other Revenue	ь	Loca dimast sim	apenses b	7,675				
₹			penses b loss) from fundraising (27,352	-19,677			-19,677
_	c 9a		rom gaming activities	Lychica i i f	25,0.7			23,5.7
		See Part IV, lin						
			а					
	ь	Less direct exp	penses b					
	С	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
	ь	less costofic	oods sold b					
	C		loss) from sales of inve	entory				
	<u> </u>	Miscellaneous		Business Code				
	11a	Miscellaneous 1		900,099	404,225	404,225		
	ь		<u> </u>	541,610	128,990	·	128,990	
		K-1 income		2,1,010				
	C .	A II a Ele .						
	d	All other revenu						
	е	Total. Add lines	s 11a-11d		533,215			
	12	Total revenue.	See Instructions	▶	42,670,011	38,652,534	128,990	426,263

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Column C	Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
In the U.S. See Part IV, line 21	Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	Fundraising
U.S. See Part IV, Ime 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Imes 13 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	1			•		· ·
Benefits paid to or for members	2		6,565,639	6,565,639		
Compensation of current officers, directors, trustees, and key employees 248,928 22,540 201,286 25,0	3	organizations, and individuals outside the U.S. See				
248,828 22,540 201,286 25,06 Compensation not included above, to disqualified persons (as defined under section 49 58(f(1)) and persons described in section 40 f(k) and section 40 f(k)	4	Benefits paid to or for members				
des defined under section 49 SR(f(1)) and persons described in section 49 SR(f(1)) and person glascombed in section 49 SR(f(1)) and person glascombed in section 49 SR(s(1)) (8) 3 (13,914,208) 12,814,915 733,599 305,73 8 Pension plan contributions (include section 401 (k) and section 40 (k) employer contributions) 379,128 322,144 41,406 15,5 9 Other employee benefits 2,913,621 2,493,756 274,500 40,3 10 Payor (litaves 1,005,711 934,862 54,513 26,3 11 Fees for services (non-employees) 332,048 1172,814 152,772 26,3 a Management 332,048 1172,814 152,772 26,4 c Accounting 62,345 35,157 27,188 d Lobbying 62,345 35,157 27,188 d Lobbying 139,244 139,234 139,234 g Other 130,234 139,234 139,234 139,234 g Other 1,003,381 1,175,566 4,603 19,93 13 Office expenses 1,022,775 390,539 94,305 23,93 13 Royaltus 1 <th>5</th> <td>key employees</td> <td>248,828</td> <td>22,540</td> <td>201,286</td> <td>25,002</td>	5	key employees	248,828	22,540	201,286	25,002
Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 9 Other employee benefits	6	(as defined under section $4958(f)(1)$) and persons				
40 3(b) employer contributions) . 279,128 322,144 41,406 15,5 7 Other employee benefits . 2,813,623 2,493,255 274,050 46,3 10 Payroli taxes . 1,005,711 924,862 34,513 26,3 11 Fees for services (non-employees) a Management . 395,048 172,814 152,772 26,4 c Accounting . 352,048 172,814 152,772 26,4 c Accounting . 352,048 172,814 152,772 26,4 c Accounting . 352,048 172,814 152,772 26,4 c Accounting . 36,000 . 36,000 . 36,000 f Investment management fees . 139,234 140,000 140,	7	Other salaries and wages	13,914,208	12,814,915	733,509	365,784
10 Payroll taxes	8		379,128	322,144	41,406	15,578
11 Fees for services (non-employees) Amanagement Ama	9	Other employee benefits	2,813,623	2,493,256	274,050	46,317
b Legal	10	Payroll taxes	1,005,711	924,862	54,513	26,336
b Legal	11	Fees for services (non-employees)				
to Accounting	а	Management				
d Lobbying	b	Legal	352,048	172,814	152,772	26,462
e Professional fundraising See Part IV, line 17 . 36,000 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 139,234 . 129,338 . 1,175,886 . 4,803 . 19,9 . 120,0308 . 1,175,886 . 4,803 . 19,9 . 120,0308 . 1,175,886 . 4,803 . 19,9 . 120,0308 . 1,175,886 . 4,803 . 19,9 . 120,037,75 . 100,539 . 194,305 . 23,9 . 14 . 110,032,775 . 905,539 . 94,305 . 23,9 . 14 . 110,032,775 . 905,539 . 94,305 . 23,9 . 15 . Royalties	c	Accounting	62,345	35,157	27,188	
F Investment management fees 139,234 139,234 139,234	d	Lobbying				
g Other 812,916 711,567 38,024 63,3 12 Advertising and promotion 1,200,308 1,175,586 4,803 19,9 13 Office expenses 1,023,775 905,539 94,305 23,9 14 Information technology 2,950,514 2,718,423 204,083 28,0 15 Royalties . 1,718,768 133,150 9,4 17 Travel 495,934 1,718,768 133,150 9,4 17 Travel 495,934 1,718,768 133,150 9,4 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,861,385 1,718,768 133,150 9,4 20 Interest 860,410 587,430 272,980 10,3 21 Payments to affiliates 860,410 587,430 272,980 21 Payments to affiliates 1,578,246 1,512,145 61,574 4,5 22 Depreciation, depletion, and amortization 1,578,246 1,512,145 61,574 4,5 23 Insurance 1,578,246 1,512,145 61,574 4,5 24 Other expenses Itemize expenses not covered above (Expenses) fotal expenses shown on line 25	e	Professional fundraising See Part IV, line 17	36,000			36,000
12 Advertising and promotion 1,200,308 1,175,586 4,803 19,9 13 Office expenses 1,023,775 905,539 94,305 23,9 14 Information technology 2,950,514 2,718,423 204,083 28,0 15 Royalities 2,950,514 2,718,768 133,150 9,4 16 Occupancy 1,661,385 1,718,768 133,150 9,4 17 Travel 495,934 479,033 11,868 5,0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 851,518 708,705 42,478 100,3 19 Conferences, conventions, and meetings 860,410 587,430 272,980 20 Interest 860,410 587,430 272,980 21 Payments to affiliates 860,410 587,430 272,980 22 Depreciation, depletion, and amortization 1,578,246 1,512,145 61,574 4,5 23 Insurance 180,865 96,103 84,762 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1,755,091 1,755,091 1,755,091	f	Investment management fees	139,234		139,234	
1,023,775 905,539 94,305 23,9 14 Information technology	g	Other	812,916	711,567	38,024	63,325
14 Information technology 2,950,514 2,718,423 204,083 28,0 15 Royalties 1,861,385 1,718,768 133,150 9,4 17 Travel 495,934 479,033 11,868 5,0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 851,518 708,705 42,478 100,3 20 Interest 860,410 587,430 272,980 272,980 21 Payments to affiliates 860,410 587,430 272,980 272,980 21 Payments to affiliates 1,578,246 1,512,145 61,574 4,5 22 Depreciation, depletion, and amortization 1,578,246 1,512,145 61,574 4,5 23 Insurance 180,865 96,103 84,762 4,5 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091	12	Advertising and promotion	1,200,308	1,175,586	4,803	19,919
15 Royalties 1.861,385 1,718,768 133,150 9,4 17 Travel 495,934 479,033 11,868 5,0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 851,518 708,705 42,478 100,3 20 Interest 860,410 587,430 272,980 272,980 21 Payments to affiliates 1,578,246 1,512,145 61,574 4,5 22 Depreciation, depletion, and amortization 1,578,246 1,512,145 61,574 4,5 23 Insurance 180,865 96,103 84,762 4,5 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1,755,091 1,755,091 1,755,091 1,755,091 1,755,091 1 b Food service expense 1,133,052 1,133,052 1,133,052 1 c Bad debt/collect'in cost 335,396 167,698 167,698 167,698 d Small equipment 123,683 123,683 123,683 123,683 <	13	Office expenses	1,023,775	905,539	94,305	23,931
1,861,385 1,718,768 133,150 9,4 17 Travel	14	Information technology	2,950,514	2,718,423	204,083	28,008
17 Travel	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	1,861,385	1,718,768	133,150	9,467
19 Conferences, conventions, and meetings 851,518 708,705 42,478 100,3 20 Interest 860,410 587,430 272,980 21 Payments to affiliates 1,578,246 1,512,145 61,574 4,5 22 Depreciation, depletion, and amortization 1,578,246 1,512,145 61,574 4,5 23 Insurance 180,865 96,103 84,762 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1,755,091 1,755,091 a Repair/maintenance 1,133,052 1,133,052 1 b Food service expense 1,133,052 1,133,052 c Bad debt/collect'n cost 335,396 167,698 167,698 d Small equipment 123,683 123,683 123,683 e Income Taxes 32,646 32,646 f All other expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in 40,788,766 37,144,150 2,848,592 796,0	17	Travel	495,934	479,033	11,868	5,033
20 Interest	18					
21 Payments to affiliates	19	Conferences, conventions, and meetings	851,518	708,705	42,478	100,335
22 Depreciation, depletion, and amortization	20	Interest	860,410	587,430	272,980	
23 Insurance	21	Payments to affiliates				
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Repair/maintenance	22	Depreciation, depletion, and amortization	1,578,246	1,512,145	61,574	4,527
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Repair/maintenance	23		180,865	96,103	84,762	
a Repair/maintenance 1,755,091 1,755,091 b Food service expense 1,133,052 1,133,052 c Bad debt/collect'n cost 335,396 167,698 167,698 d Small equipment 123,683 123,683 e Income Taxes 32,646 f All other expenses 76,263 76,263 25 Total functional expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ▶ ☐ if following SO P 98-2 Complete this line only if the organization reported in	24	grouped together and labeled miscellaneous may not exceed 5% of				
c Bad debt/collect'n cost 335,396 167,698 167,698 d Small equipment 123,683 123,683 e Income Taxes 32,646 32,646 f All other expenses 76,263 76,263 25 Total functional expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in Complete this line only if the organization reported in 167,698	а		1,755,091	1,755,091		
d Small equipment 123,683 123,683 e Income Taxes 32,646 32,646 f All other expenses 76,263 76,263 25 Total functional expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in Complete this line only if the organization reported in Complete this line only if the organization reported in	Ь	Food service expense	1,133,052	1,133,052		
e Income Taxes 32,646 32,646 f All other expenses 76,263 76,263 25 Total functional expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in	c	Bad debt/collect'n cost	335,396	167,698	167,698	
fAll other expenses76,26376,26325Total functional expenses. Add lines 1 through 24f40,788,76637,144,1502,848,592796,026Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported inCheck here ▶ ☐ if following SOP 98-2	d	Small equipment	123,683	123,683		
Total functional expenses. Add lines 1 through 24f 40,788,766 37,144,150 2,848,592 796,0 26 Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in	e	Income Taxes	32,646		32,646	
26 Joint costs. Check here ► ☐ If following SO P 98-2 Complete this line only if the organization reported in	f	All other expenses	76,263		76,263	
Complete this line only if the organization reported in	25	Total functional expenses. Add lines 1 through 24f	40,788,766	37,144,150	2,848,592	796,024
campaign and fundraising solicitation	26	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,050	1	1,050
	2	Savings and temporary cash investments	•		8,141,926	2	10,574,358
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,084,609	4	1,861,926
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net		466,317	7	405,822	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			480,119	9	683,208
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	27,128,234			
	ь	Less accumulated depreciation	10b	12,629,210	15,684,925	10c	14,499,024
	11	Investments—publicly traded securities	11,450,891	11	11,945,043		
	12	Investments—other securities See Part IV, line 11			10,578,949	12	9,780,909
	13	Investments—program-related See Part IV, line 11		13	_		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	299,505	15	318,663		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			49,188,291	16	50,070,003
	17	Accounts payable and accrued expenses .			1,984,731	17	1,511,576
	18	Grants payable		18			
	19	Deferred revenue	2,718,622	19	2,849,011		
	20	Tax-exempt bond liabilities		20			
<u>, o</u>	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			10,000,000	23	10,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,246,353	25	1,373,639
	26	Total liabilities. Add lines 17 through 25			15,949,706	26	15,734,226
Sá		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	ines 27			
ž		through 29, and lines 33 and 34.			00.005.400		00 740 000
Fund Balance	27	Unrestricted net assets			33,025,480	27	32,740,229
čŏ	28	Temporarily restricted net assets		213,105	28	1,595,548	
Ĭ	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d com	iplet e			
or,	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
455	32	Retained earnings, endowment, accumulated income, or other fu	- · ·		32		
Net #	33	Total net assets or fund balances			33,238,585	33	34,335,777
ž	34	Total liabilities and net assets/fund balances			49,188,291	34	50,070,003
ı ——	<u> </u>	rotal habilities and het assets/land balances			1 43,100,291	34	

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Colorado Christian University

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

							84-0442429			
Part	ш	Reas	on for Pul	olic Charity State	us (All organızatıons	must complete this pa	art.) See instruc	tions		
The org	ganız	zation is	not a private	e foundation because	ıt ıs (For lines 1 throu	gh 11, check only one bo	×)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of churches s	ection 170(b)(1)(A)(i).				
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Attach Schedu	le E)				
3	\sqcap	A hospi	tal or a coop	perative hospital serv	ıce organızatıon descrı	bed in section 170(b)(1)(A)(iii).			
4	Γ			organization operate y, and state	ed in conjunction with a	hospital described in sect	ion 170(b)(1)(A)	(iii). Ente	rthe	
5	Γ	_	•		-	y owned or operated by a	governmental unit	describe	_ ed in	
<u> </u>	_			A)(iv). (Complete Pa	•		(# \			
6	_		•	-	=	ribed in section 170(b)(1)				
7	ı	describ	ed ın	t normally receives a A)(vi) (Complete Pa	·	support from a governmer	ital unit or from the	e general	public	
8	Г				170(b)(1)(A)(vi) (Com	plete Part II)				
9	_					of its support from contrib	utions, membersh	ıp fees, aı	nd gro	5 S
	•					to certain exceptions, ar				
		ıts supp	ort from gro	ss investment incom	ne and unrelated busine:	ss taxable income (less s	ection 511 tax) fr	om busını	esses	
		acquire	d by the orga	anızatıon after June 3	30, 1975 See section 5	09(a)(2). (Complete Part	III)			
10	\vdash	Anorga	nization org	anized and operated	exclusively to test for p	ublic safety See section!	509(a)(4).			
11	Γ	one or r	nore publicly	/ supported organiza	tions described in secti rting organi <u>za</u> tion and c	fit of, to perform the function 509(a)(1) or section 5 omplete lines 11e throug - Functionally integrated	09(a)(2) See sec h 11h		a)(3).	Check
e	Γ	otherth	_		_	olled directly or indirectly licly supported organizati	•	-	-	
f			-	eceived a written det	termination from the IRS	S that it is a Type I, Type	II or Type III sup	porting o	rganız	ation,
g		check t		006 has the organiz	ation accepted any dift	or contribution from any o	of the			,
9			g persons?	o o o , mas tino organiz	ation accepted any gire	or contribution from any c				
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, either alone or to	ogether with persons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the supported organiza	tion?		11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) above?			11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in (i) or (ii) a	bove?		11g(iii)		
h		Provide	the followin	g information about t	he supported organizati	on(s)				
su	(i) lame ippor	of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in your governing	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization i col (i) organiz		A mo	vii) ount of

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493103002341

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	Revenue Service F Attach to Fo	orm 990. F See separate instructions.	Inspection
	me of the organization orado Christian University		Employer identification number
	<u> </u>		84-0442429
Pa	rt I Organizations Maintaining Donor Ad		unds or Accounts. Complete if th
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a, b one) advised failes	(2) I dilab dila other docodito
· !	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
Ļ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	-	or advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
L <u>2</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3 L	Number of conservation easements modified, transfe the taxable year Number of states where property subject to conserva		d by the organization during
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
,	Staff and volunteer hours devoted to monitoring, insp	-	
,	A mount of expenses incurred in monitoring, inspectir		- · · · · · · · · · · · · · · · · · · ·
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		☐ Yes ☐ No
•	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	•
ar	Complete if the organization answered "		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easui	res, or O	the	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	iat are	a significa	ant u	se of its co	ollection	n	
а	Public exhibition		d	\vdash	Loan or	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ further	the o	rganızatıon	ı's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
Pa i	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontributi	ions o	r other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		г					
								_		A mou	ınt	
с	Beginning balance							1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	1f				
a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete										N E V -	Dl-
a	Beginning of year balance	(a)Current Year	(D)	Prior \	rear	(c)IWC	Years Back	(a)	Three Years	заск (е)Four Ye	ears Back
a b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %	•										
c	Term endowment ► %											
a	Are there endowment funds not in the posse	ssion of the organiz	ation t	that a	re held a	and ac	dmınıstere	d for	the			
	organization by (i) unrelated organizations									2-/:)	Yes	No
	(ii) related organizations		• •	•				•		3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organization							٠.		3b		
<u> </u>	Describe in Part XIV the intended uses of th							-				
aı	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, line	10.				
	Description of investment			(a)	Cost or ot	ther	(b) Cost or of basis (othe	ther	(c) Accumu depreciat		(d) Boo	ok value
a	Land						1,316	,633			:	1,316,633
b	Buildings						16,023	,370	5,8	69,796	10	0,153,574
c	Leasehold improvements						203	,928	1	58,748		45,180
d	Equipment						9,474	,880	6,6	00,666	2	2,874,214
e	Other						109	,423				109,423

14,499,024

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	+	Cost or end-or	year market value
Financial derivatives	<u> </u>		
Closely-held equity interests			
Other	656.054		-
Alternative investments	656,954		F
Real estate	9,123,955		F
Trout obtains	3/123/333		·
	0.700.000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. See	e Form 990, Part X, line :		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of ella-of	- year market value
Table (Caluma (h) sharible and (Farm 000, Back V and (D) back 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(h) Book value
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	fie 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	fie 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Fed govt student loan advances	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Fed govt student loan advances Deposits held	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.) , line 25. (b) Amount 316,735 231,631		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,670,011
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,788,766
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,881,245
4	Net unrealized gains (losses) on investments	4	-784,053
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-784,053
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,097,192
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	35,235,794
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-729,344
3	Subtract line 2e from line 1	3	35,965,138
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 139,234		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	6,704,873
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	42,670,011
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	34,138,602
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 54,709		
е	Add lines 2a through 2d	2e	54,709
3	Subtract line 2e from line 1	3	34,083,893
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 139,234		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	6,704,873
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	40,788,766

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	On July 1, 2009, the University adopted the new provisions of the Income Tax Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) These provisions clarify the accounting for uncertainty in tax positions and prescribe guidance related to the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the consolidated statement of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the consolidated statements of activities. As of June 30, 2010, the University had no uncertain tax positions that qualify for recognition or disclosure in the consolidated financial statements.
Part XII, Line 2d - Other Adjustments		Special event direct expenses 27352 Rent Expenses 27357
Part XII, Line 4b - Other Adjustments		Scholarships & grants 6565639
Part XIII, Line 2d - Other Adjustments		Rent Expenses 27357 Special event direct expenses 27352
Part XIII, Line 4b - Other Adjustments		Scholarships & grants 6565639

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Colorado Christian University

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

84-0442429 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Νo The nondiscriminatory policy is publicized through the University's website and academic catalog. The University is able to prove it is following the policy Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493103002341

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009 Open to Public

Department of the Treasury

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

Inspection Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization **Employer identification number** Colorado Christian University 84-0442429 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes No Development mamt Dini Partners Νo 36,000 -36,000 36,000 -36,000 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3

licensina

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, SD, TN,TX,UT,VT,VA,WA,WV,WI,WY,ND,OH,DC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								ted	
			(a) Event #1 Hall of Fame (event type)	(b) Event #2 Golf Classic (event type)	(c) O ther Events (total number)	(d) To (Add col			
₽	1	Gross receipts	30,342	27,420			5	7,762	
Reveilue	2	Less Charitable contributions	23,267	26,820			5	0,087	
	3	Gross income (line 1 minus line 2)	7,075	600				7,675	
	4	Cash prizes							
မွာ	5	Non-cash prizes	6,872	3,224			1	0,096	
Expenses	6	Rent/facility costs		6,707				6,707	
ă	7	Food and beverages							
DIRect Direct	8	Entertainment							
ឨ	9	Other direct expenses .	2,967	7,582			1	0,549	
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		2	7,352	
	11	Net income summary Combine li	nes 3, column d, and line	10			-1	9,677	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col			
	1	Gross revenue							
968	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct B	4	Rent/facility costs							
ă	5	Other direct expenses							
	6	Volunteer labor	Г Yes	Г Yes	│ Yes				
		Direct expense summary Add line Net gaming income summary Com							
_							Yes	No	
9 a	Ist	er the state(s) in which the organization licensed to operate			 .	· 9a	<u> </u>		
ь	b If "No," Explain								
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a			
11 12	Is t	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	. 11			
					Schedule G (Form 9	990 or 990	-EZ) 20	09	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493103002341 OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Inspect ion

Name of the organization **Employer identification number** Colorado Christian University 84-0442429 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part	t IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Institutional financial assistance	579	6,565,639			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Part I, Line 2 Grants in the U S		Schedule I, Part I, Line 2 Financial aid awards are disbursed to students based on the general criteria for institutional financial aid

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DLN: 93493103002341

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	nizat id	nc
Colorad	lo C	hrist	ıan Ur	niversity	

Employer identification number

84-0442429

Pa	rt I Questions Regarding Compensation	n					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Г	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b			
2							
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the						
	Compensation committee	굣	Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		Νo	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No	
8	Were any amounts reported in Form 990, Part VII, p						
	subject to the initial contract exception described in in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe	_		l <u>.</u> .	
				8		No	
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(i) Base compensation (ii) Breakdown of W-2 and/or 1099-MISC (ii) Bonus & Incentive compensation (iii) Bonus & Incentive C		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Brian Bissell (i)	217,928	0	1	10,971 0	10,437 0		
Keith Wright (i)	126,250 0	0	21,350 0	6,250 0	580 0	154,430 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493103002341

OMB No 1545-0047

Open to Public **Inspection**

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization Colorado Christian University Employer identification number

84-0442429

Do	rt I Bond Issues													
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	(e) Issue Price (f) Description of Purpose		(g) Defeased			On alf of uer		
												No	Yes	No
A	Colorado Educational & Cultural Facilities	84-0896727	196458XG3	07-15-2004		10,	10,000,000		Finance buildings and struc			×		X
Pa	rt III Proceeds			•		•		1		ı		•		
	T-1.11(Α		В	<u> </u>		D			E	
1	Total proceeds of issue			1	0,000,000	0								
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	O ther unspent proceeds													
5	Issuance costs from proceeds													
6	Working capital expenditures from proceeds													
7	Capital expenditures from proceed	ds												
8	Year of substantial completion									- L				
,				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		×									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	x										
Par	t IIII Private Business Use												•	
					<u> </u>		В			D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		Х									
2	Are there any lease arrangements which may result in private busine		financed property		x									
For F	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Insti	ructions for Form 990	-		Cat No 5	0193E				Schedule	K (Form	990) 20	09

Pai	rt III Private Business Use (Continued)											
				\	E	3	С		D			E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the		Х								
3b	Are there any research agreements with respect to the financed which may result in private business use?	property		Х								
3с	Does the organization routinely engage bond counsel or other ou counsel to review any management or service contracts or resea agreements relating to the financed property?			Х								
4	Enter the percentage of financed property used in a private busing by entities other than a section 501(c)(3) organization or a state government									·		•
5	Enter the percentage of financed property used in a private busing as a result of unrelated trade or business activity carried on by yorganization, another section 501(c)(3) organization, or a state government	your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х									
Pa	rt IV Arbitrage							•	•	•	•	•
			4		В		С			D		E
		Yes	No	Yes	No	Ye	:s	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to											

	<u> </u>		A		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	JP Morgan					•				
c	Term of hedge	10 0000	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
									Cabadul	o V /Form 00/	11 2000

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DLN: 93493103002341

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Colorado Christian University								mpioyei 4-04424	129	ition n	umbei	
Part I Excess Benefit Trai										10	L	
<u>. </u>			res on Form	1990, 1	art IV, line 25a (or 25	D, OF FORM	990-EZ	, Part V, II			rected?
1 (a) Name of disq	ualıfıed	person			(b) Desc	ripti	on of trans	action		ľ	Yes	No
										-+		110
2 Enter the amount of tax impos								ear unde	_			
section 4958									• \$ ——			
3 Enter the amount of tax, If any	, on line	e ∠, abo	ve, reimburse	ed by th	e organization .	•			- » <u> </u>			
Part II Loans to and/or	From	Intere	sted Pers	ons.								
Complete ıf the organı	zation a	nswere	d "Yes" on Fo	rm 990	, Part IV, line 26	, or F	orm 990-E	Z, Part	V , line 38	a		
	(b) L	oan to				l ,	- N T	(f)		(-)	(g)Written	
(a) Name of interested person and	or fro		(c) 0 rigi		(d)Balanco duo default		e) In Approved fault? by board of			agreeme		
purpose	organi	zation?	principal ar	mount	(a) Baranee auc			commi				
	То	From				Yes	S No	Yes	No	Ye	s	No
								+		_		
								+		+	_	
Fotal			<u> </u>	► s								
Part IIII Grants or Assistar					Persons.							
Complete if the orga						/, lın	e 27.					
(a) Name of interested pers	on	(b)	Relationship l	betwee	n interested perso	n an	d (c)Am	ount of	grant or ty	ne of	accict:	anca
			tl	he orga	nızatıon		(5)////					
/ arious		 	ion Discount	s/Scho	larshins							5,000
		1 41.	.ioii Biscouiic	.5756110	штэтгрэ							3,000
Part IV Business Transact												
Complete if the orga	inizatio				rm 990, Part IV	/, lin	e 28a, 28	b, or 28	3C.	Т.		
) Relationship veen intereste		(c) A mount of					ا ا		aring of ation's
(a) Name of interested person			rson and the		transaction		(d) Desc	ription of	ftransact	ion _	_	ues?
		(organization								Yes	No
New Chapel LLC			n White, a boa		262,5		The Univer					Νo
			er, is a passiv or in New	ve			building ow LLC The U					
		Chape					LLC \$162,	466 ın r	ent and ar			
							additional:					
		-					operating e	xpenses	3	+		
										\dashv		
		+								$\overline{}$		
		1										

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Colorado Christian University

Employer identification number

84-0442429

Pa	rt I Types of Property				54-0442429			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	- etermı	nıng	
1	Art—Works of art			- 3				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		2,598	FMV-Sımılar Asset	Sales		
5	Clothing and household	,,						
	goods	X		247	FMV-Sımılar Asset	Sales		
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	2	11,230	FMV-Sımılar Asset	Sales		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	1	60	FMV-Sımılar Asset	Sales		
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ► (Gift Cards)	X	52	12,800	FMV-Sımılar Asset	Sales		
26	Musical Other ► (Instruments)	×	2	4 200	FMV-Sımılar Asset	Sales		
20	Sports			1,200	Titt Silling Nooce	<u> </u>		
27	Other ► (Memorabilia)	X	12	2,486	FMV-Sımılar Asset	Sales		
28	Other ► (Miscellaneous)	Х	2	500	Cost			
29	Number of Forms 8283 received	, ,	· .		29			
	for which the organization compl	eted Form 8	8283, Part IV, Donee Ackr	nowledgement	23		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		103	
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II						1.53	
33	If the organization did not report	revenues	n column (c) for a type of n	roperty for which column (a)) is checked.			
	describe in Part II		, , , F F	, ,	/			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Method for Determining Number of Contributors	, , ,	The number of contributions reported is the number of donations received, not the number of items donated
Third Party Use	· · · · · · · · · · · · · · · · · · ·	The organization utilizes independent brokers to sell donated securities

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 84-0442429

Name: Colorado Christian University

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493103002341

OMB No 1545-0047

2009

Open to Publi

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization Colorado Christian University Employer identification number

84-0442429

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 was prepared and reviewed by an independent CPA firm and then reviewed by the President/CEO of the organization before being filed with the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The board monitors and enforces compliance with the conflict of interest policy at the annual meetings

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		Compensation for the President/CEO was determined by the board. Compensation for the officers was determined by the President/CEO of the organization. In setting compensation comparability data was gathered by HR and then used by Board and President/CEO. The deliberations and decisions regarding officer compensation are documented as part of the process.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Forms 990, 990-T, and 1023 is available upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Available upon request

ldentifier	Return Reference	Explanation
Form 990 Part I Line 2 and Part VI Line 1a	Number of voting board members	The number of voting board members reported on 990 Part I and 990 Part VI is less than the total number of board members listed on 990 Part VII. The is due to board members rolling off of the board during the tax year and being replaced by other members during the same tax year. No more than 20 board members served or voted at any time during the tax year.

ldentifier	Return Reference	Explanation
Form 990 Part XI Line 2c	Explanation of Responsibility	The University has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

lame of the organization Colorado Christian University				Employer identi	fication number
Golddo Cilibraia				84-0442429	
Part I Identification of Disregarded Entities (Com	plete if the organization a	answered "Yes" on	Form 990, Part I	V, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete if the tax year.)	ne organization an	swered "Yes" on	Form 990, Part I	V, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stati (if section 501(c)(3	us Direct controlling 3)) entity
CCU Endowment Foundation					
8787 W Alameda Lakewood, CO 80226 84-1235728	Support the operations of Colorado Christian University	СО	501(c)(3)	line 11 - Typ	e 1 N/A
	I	-	-	-	

(a) Name, address, and EIN of related organization	(b) Primary activity	(state or entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(f) (g) of total income Share of end-of-year assets			ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	t IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts	s II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1c	Yes	
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1 g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1 j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1p		No
q Other transfer of cash or property to other organization(s)		1 q		No
r Other transfer of cash or property from other organization(s)		1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relati	onships and transaction thre	esholds		
(a) Name of other organization	(b) Transaction type(a-r)	(Amount	c) involve	ed
(1) CCU Endowment Foundation	С		33	3,000
(1) See Additional Data Table				
(2)				
(3)				
(4)				
(5)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General oi managing partner?	
			Yes	No		Yes	No		Yes	N	
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EIN: 84-0442429

Name: Colorado Christian University

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Gary Armstrong Board Member	1 00	Х						0	0	0	
Toby Cole Board Member	1 00	Х						0	0	0	
Terry Considine Board Member	1 00	Х						0	0	0	
James Dixon Board Member	1 00	Х						0	0	0	
Dr Margaret Fomer Board Member	1 00	Х						0	0	0	
Kaye Lynn Fote Board Member	1 00	Х						0	0	0	
Don Harwell Board Member	1 00	Х						0	0	0	
Tım Kenczewicz Board Member	1 00	Х						0	0	0	
Sam Kımbrıel Board Member	1 00	Х						0	0	0	
Harold Krause Board Member	1 00	Х						0	0	0	
Chick Lee Board Member	1 00	Х						0	0	0	
Terry Leprino Board Member	1 00	Х						0	0	0	
Lee McDowell Board Member	1 00	Х						0	0	0	
Tım McTavısh Board Member	1 00	Х						0	0	0	
Susan Mueller Board Member	1 00	Х						0	0	0	
William Pauls Board Member	1 00	Х						0	0	0	
Walt Rakowich Board Member	1 00	Х						0	0	0	
Donald Siecke Board Member	1 00	Х						0	0	0	
Donald Sweeting Board Member	1 00	Х						0	0	0	
William White Board Member	1 00	Х						0	0	0	
Terry Doig Board Member (Part Year)	1 00	Х						0	0	0	
Stanley Mann Board Member (Part Year)	1 00	Х						0	0	0	
Dr Dale Schaefer Board Member (Part Year)	1 00	Х						0	0	0	
Dr Gerald May Board Member (Part Year)	1 00	Х						0	0	0	
William Armstrong President/CEO	40 00			х				74,509	0	1,138	

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

compensated Employees, and		 							
(A) Name and Title	(B) Average hours per week	on a Institutional Trustee	(che)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Daniel Cohrs VP/CFO (Part Year)	40 00		х				686	0	0
Brian Bissell Sr V P/CFO (Part Year)	40 00		х				225,932	0	21,408
Keith Wright VP Development	40 00				Х		147,600	0	6,830
James McCormick VP Student Life	40 00				Х		114,830	0	15,806
Cherri Parks VP Academic Affairs	40 00				Х		113,390	0	12,557
Richard Crombie VP Adult/Graduate	40 00				Х		116,401	0	12,536
Sidney Buzzell Dean of Theology	40 00				х		105,042	0	12,385

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Repair/maintenance	1,755,091	1,755,091		
Food service expense	1,133,052	1,133,052		
Bad debt/collect'n cost	335,396	167,698	167,698	
Small equipment	123,683	123,683		
Income Taxes	32,646		32,646	