For Paperwork Reduction Act Notice, see the separate instructions.

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 private foundations)

• Do not onto a social association when on this forms as it was to a mode multi-

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

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

OMB No. 1545-0047

DLN: 93493133048771

2019

Open to Public Inspection

		nue Service	I .								
A F	or the	e 2019 c	alendar year, or tax year l	eginning 07-01	2019 , and endi	ing 06-3	0-2020				
		pplicable:	C Name of organization UNIVERSITY OF DENVER					D Employ	er identif	ication number	
	iaress o ime ch	change ange						84-040	4231		
	itial ret	-	Doing business as								
		n/terminated	Number and street (or D.O. ha	wifemail is not daliv		I Da a ma /au	ita	E Telephoi	ne number		
		d return on pending	Number and street (or P.O. bo 2199 S UNIVERSITY BLVD	x if mail is not deliv	ered to street address)	Room/su	ite		71-2404		
	piredere	on penang	City or town, state or province	e, country, and ZIP o	or foreign postal code			(303) 0	71-2404		
			DENVER, CO 80208					G Gross re	ceipts \$ 1	,151,478,051	
			F Name and address of pr	incipal officer:			H(a) is	this a group re	turn for		
			JEREMY HAEFNER 2199 S UNIVERSITY BLVD	·				ubordinates?	carri roi	□Yes ☑No	
			DENVER, CO 80208				н(ь) А	re all subordina	tes	☐ Yes ☐No	
I Ta	x-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◀ (insert no)	4947(a)(1) or	7 527		icluded? "No," attach a	list. (see		
J W	ebsit	e: ▶ HT	rp://DU.EDU	, (((()))				roup exemption	•	•	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
K For	m of or	rganization	: 🗹 Corporation 🗌 Trust 🗀	Association 🔲 O	ther >		L Year of f	formation: 1864	M State	of legal domicile: CO	
		_									
P	art I		mary	•	·						
			scribe the organization's miss EDUCATIONAL INSTITUTION			TE AND G	RADUATE	DEGREES.			
)ce	-			-,							
E .	-										
Governance	,	Check thi	is box ▶ ☐ if the organization	on discontinued it	e operations or disp	osed of m	nore than 1	25% of its not =	scoto		
			of voting members of the gov						3	25	
න් ග	4	Number (of independent voting membe	ers of the governi	ng body (Part VI, lin	ne 1b) .			4	24	
Activities &	5	Total nur	nber of individuals employed	in calendar year	2019 (Part V, line 2	a)			5	9,367	
\$	6	Total nur	nber of volunteers (estimate	if necessary) .					6	3,400	
AC	7a	Total unr	7a	5,707,873							
	b	Net unrel	ated business taxable incom	e from Form 990-	T, line 39				7b	0	
								Prior Year		Current Year	
9.	8	Contribut	tions and grants (Part VIII, lin	e 1h)				47,281,	150	27,505,454	
Ravenue	9	Program	service revenue (Part VIII, lin	e 2g)				634,358,	300	661,060,303	
Αşγ	10	Investme	ent income (Part VIII, column	(A), lines 3, 4, ar	nd 7d)			9,940,	960	23,825,603	
	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,916,377								4,354,732	
	_		enue—add lines 8 through 11	· · · · · · · · · · · · · · · · · · ·		ne 12)		696,496,		716,746,092	
	1		nd similar amounts paid (Par					191,574,			
	1		paid to or for members (Part	. , , ,	ŕ				0	0	
8	1	•	other compensation, employ	•		,		305,913,		322,569,239	
Expenses	Ι.		onal fundraising fees (Part IX,	. , ,	•	•			0	0	
a T	1		raising expenses (Part IX, column								
	1		penses (Part IX, column (A),		•	•		187,712,		192,217,437	
	1		enses. Add lines 13–17 (mus	•				685,199,		727,948,933	
. 10	19	Revenue	less expenses. Subtract line	18 from line 12			Da minu	11,296,		-11,202,841	
Net Assets or Fund Balances							begini	ning of Current \	ear	End of Year	
sse!	20	Total ass	ets (Part X, line 16)					1,870,633,	591	1,851,080,134	
ŽÃ E	21	Total liab	ilities (Part X, line 26)					382,730,	680	383,859,611	
žΞ	22	Net asset	s or fund balances. Subtract	line 21 from line	20			1,487,902,	911	1,467,220,523	
	art II		ature Block				•		•		
			erjury, I declare that I have f, it is true, correct, and com								
	nowle		i, it is true, correct, and com	piece. Deciaration	Tor preparer (other	chan one		ed on an inform	acion or v	Which preparer has	
		1						2024 05 42			
~ :		Signat	tre of officer					2021-05-13 Date			
Sign Here		L'	DRUMELLE CENTOR VICE CHANCE	-1100							
	_		BRUNELLI SENIOR VICE CHANCI r print name and title	ELLUK							
		' P	rint/Type preparer's name	Preparer's	signature		ate		PTIN		
Paid	d					2	021-05-13	Check L if self-employed	P0049229:	1	
	_ pare	er 📙	irm's name ► CLIFTONLARSON	IALLEN LLP		•		Firm's EIN ▶ 41	-0746749		
.u.a.a. O.a.b ⊢			ïrm's address ► 8390 EAST CRES	CENT PARKWAY SUI	TE			Phone no. (303)	779-5710		
		· '	300	LAGE, CO 80111	· -			, none no. (303)	, , , -3/10		
				<u> </u>				<u> </u>	. . .	 ∕es □No	
ıশa∨ t	ne IR	> discuss	this return with the prepare	snown above? (s	see instructions) .				∀ \	/es INO	

Cat. No. 11282Y

Form **990** (2019)

Form	n 990 (2019)					Page 2						
Pa	art III Stateme	ent of Program Se	rvice Accomplis	hments								
	Check if S	Schedule O contains a r	esponse or note to a	any line in this Part III		🗹						
1	Briefly describe t	he organization's missi	on:	•								
MISS CULT	SION OF THE UNIVI FIVATING CRITICAL	ERSITY OF DENVER IS	TO PROMOTE LEARI GHT AND GENERAT	NING BY ENGAGING W ING KNOWLEDGE. OU	OTH UNDERGRADUATE AND G ITH STUDENTS IN ADVANCIN R ACTIVE PARTNERSHIPS WIT	G SCHOLARLY INQUIRY,						
2	-	tion undertake any sign 90 or 990-EZ?		vices during the year w	which were not listed on	. □Yes ☑No						
	If "Yes," describe											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?	. 🗌 Yes 🗹 No										
	If "Yes," describe	these changes on Sch	edule O.									
4	Section 501(c)(3		zations are required	to report the amount	e largest program services, as of grants and allocations to ot							
	(Code:) (Expenses \$	204,294,408	including grants of \$	0) (Revenue \$	549,447,527)						
	See Additional Data	, , , ,			· / (Neverture 4							
4b	(Code:) (Expenses \$	198,397,490	including grants of \$	198,397,490) (Revenue \$	0)						
	See Additional Data	1										
4c	(Code:) (Expenses \$	150,213,396	including grants of \$	0) (Revenue \$	15,432,025)						
	See Additional Data	1										
	See Additional D	ata Table										
4d		ervices (Describe in Sc	,									
	(Expenses \$	98,253,903	including grants of	\$ 14,764,	767) (Revenue \$	92,159,606)						
4e	Total program	service expenses >	651,159,1	07								

Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 💆 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🔧 . . Nο 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Yes Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b 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 No **11**c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Nο b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Νo 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	orm 990 (2019) Page 4										
Par	Checklist of Required Schedules (continued)										
			Yes	No							
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No							
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No							
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> 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	Yes								
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? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes								
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes								
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No							
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes								
Pa	Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V	. ;									
4 -	Enter the number reported in Pay 2 of Form 1006. Fatar 0, if and applicable 1.000		Yes	No							
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,099 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0										
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
·	(gambling) winnings to prize winners?	1c	Yes								

				Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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 (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		NI-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
b		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
4.0	MI , MA , MD , NY , NH , OH , OR , SC , W.	Α		
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	►ANDREW CULLEN 2199 S UNIVERSITY BLVD DENVER, CO 80208 (303) 871-3740			n (2019)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization 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. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue than \$10,000 of reportable compensation from the organization and any related organizations. Continue the organization nor any related organization compensated any current officer, director, or trustee. Continue the organization nor any related organization compensated any current officer, director, or trustee. Continue the organization nor any related organization compensated any current officer, director, or trustee. Continue the organization organization organization organization (continue the organization organizat	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation		n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related	ated	
	See Additional Data Table												
													—
													—

Par	t VII Section A. Officers, Direct	tors, Trustees	, Key	<u>Em</u> pl	loye	es,	and	High	nest Cor	npens	ate	d Employe	es (cor	ntinued)	rage o	
	(A) Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, u n off	che inles icer	eck moss pers and a ee)	son	Repo compe fror organ	(D) ortable ensatio m the nization		(E) Reportable compensation from related organizations (W-2/1099- MISC)		(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		:/1099- ISC)				related organizations		
See A	Additional Data Table															
1b S	ub-Total				ч.		<u> </u>									
	otal from continuation sheets to Fortal (add lines 1b and 1c)	•					▶		8.6	684,362			0		1,193,534	
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos				e) who	rece	eived mo	re than	\$10	0,000	·		· · ·	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>											employee on		Yes	No	
4	For any individual listed on line 1a, i organization and related organization	s the sum of repons	ortable (150,00	comp 0? <i>If</i>	ensa "Yes,	tion	and o	other te Sc	compens	sation 1 for suc	rom h		3	1		
5	individual	ive or accrue cor	npensat	ion f	om a	any	unrela	ated	organizat				5		No	
Se	ction B. Independent Contrac	tors												'	NO	
1	Complete this table for your five high												compe	nsation		
		(A) and business addre		year	Cild	9	************	7710	anni che o			(B) iption of service	05		C) ensation	
TRIBA	L LAW POLICY INSTITUTE	and publicas audit								RESEAR SUBCON	CH G	RANT			1,681,099	
	SANTA MONICA BLVD SUITE 211 HOLLYWOOD, CA 90046									305001		C. O. (
THE W	/EITZ COMPANY									CONSTR	UCT	ON SERVICES			987,660	
DENVI	SOUTH MONACO STREET ER, CO 80237															
	CIAN COMPANY LP S COLLECTIONS CENTER DRIVE									SOFTWA	AKE N	1AINTENANCE			949,138	
CHICA	AGO, IL 60693 ISTA LLC									PROPER	тү м	ANAGEMENT		1	641,394	
1700 I	HILLSBOROUGH STREET										3 (P)				2.2/054	
	GH, NC 27605 AYS PAINTING									PAINTIN	IG SE	RVICES			422,635	
	WEST 124TH COURT															
2 T	MINSTER, CO 80234 otal number of independent contractor		not lim	ited t	o the	ose	listed	abov	/e) who r	eceive	d mo	re than \$100	0,000 o	f		
C	ompensation from the organization 🕨	22												Form 99	90 (2019)	

Form 9 Part		(2019) Statement	of F	Pavanua						Page 9
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	18	a Federated campa	igns	· .	1a			revenue		512 - 514
Gifts, Grants nilar Amounts	ı	b Membership dues	5.	· [1 b					
Gr.	'	c Fundraising even	ts .	. [1c	358,822				
ifts, ar A		d Related organizat		Ļ	1d					
s, G		e Government grants	•	´ L	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	s not	included	1f	27,146,632				
frib Ott	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1,118,412				
Cont and		h Total. Add lines :	1a-1	f		>	27,505,454			
						Business Code	2,,303,131			
	2a	TUITION AND FEES				611310	546,813,907	546,813,907		
venue	b	AUXILIARY ENTERPRI	ISES			611310	49,348,784	42,878,048	6,470,736	
Program Service Revenue	c	RESEARCH GRANTS				611310	49,281,558	49,281,558		
n Servi	d	EDUCATIONAL ACTIV	TTIES	5		611310	15,432,025	15,432,025		
rogran	е	STUDENT LOANS				611310	184,029	184,029		
₫.	f	All other program	serv	rice revenue.						
		Total. Add lines 2				661,060,303	_	1		
	3	Investment income similar amounts) .	(inc	luding divide	ends, i •	nterest, and other	2,782,720		-762,863	3,545,583
		Income from invest				ond proceeds	1,756,284	ļ.		1,756,284
	5	Royalties	_				73,405	5		73,405
				(i) Rea	al .	(ii) Personal	_			
		Gross rents	6a	2,4	180,790)				
	b	Less: rental expenses	6b	ϵ	62,047	,				
	С	Rental income or (loss)	6с	1.0	318,743					
	c	Net rental income		,	10,743			3		1,818,743
				(i) Securi	ties	(ii) Other				
	7a Gross amount from sales of assets other than inventory			5						
	b	Less: cost or other basis and sales expenses	7b	433,5	507,346	5				
	С	Gain or (loss)	7с	19,2	286,599)				
		Net gain or (loss)					19,286,599)		19,286,599
Other Revenue	8a	Gross income from fu (not including \$ contributions reported	d on	358,822 of line 1c).						
3ev		See Part IV, line 18			8a 8b	575,559 562,566	⊣			
er 1		Less: direct expend Net income or (los				· ·	12,993	3		12,993
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	c	Net income or (los	s) fr	om gaming	activit	ies \blacktriangleright	7			
	10	aGross sales of inve returns and allowa								
	h	returns and allowa Less: cost of good:			10a 10b		4			
		Net income or (los								
		Miscellaneo	us R			Business Code				
	11	·aMISC SERVICE RE	€V			61171	2,449,591	. 2,449,591		
	b	·								
	c									
		All II								
		l All other revenue • Total. Add lines 1:			_	>				
		? Total revenue. Se					2,449,591			
		- rotarrevenue, 50	ee II	isa actions	•	• • • •	716,746,092	657,039,158	5,707,873	26,493,607 Form 990 (2019)

Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,451,632	12,451,632		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	187,312,383	187,312,383		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	13,398,242	13,398,242		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,499,635	1,647,827	4,558,409	293,399
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	255,576,100	222,535,805	20,902,158	12,138,137
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,816,141	12,045,491	1,119,012	651,638
9	Other employee benefits	29,750,166	25,363,520	2,566,045	1,820,601
10	Payroll taxes	16,927,197	14,506,029	1,617,440	803,728
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,483,532	656,260	1,617,806	209,466
	Accounting	238,713		238,713	
	Lobbying	29,295		29,295	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	3,703,951		3,703,951	
	Other (If line 11g amount exceeds 10% of line 25, column	60,951,284	54,946,738	5,027,480	977,066
9	(A) amount, list line 11g expenses on Schedule O)	, ,	, ,	, ,	,
12	Advertising and promotion	4,077,993	3,743,696	294,129	40,168
13	Office expenses	34,011,233	30,463,506	2,342,275	1,205,452
14	Information technology	8,830,367	4,108,733	4,658,062	63,572
15	Royalties				
16	Occupancy	22,256,093	21,679,383	477,281	99,429
17	Travel	10,840,781	10,063,697	349,321	427,763
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,282,066	4,621,088	620,715	1,040,263
20	Interest	6,640,535	6,613,317	27,218	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,467,771	14,414,272	2,053,499	
23	Insurance	3,710,770	1,228,698	2,443,269	38,803
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	BOOKS AND SUBSCRIPTIONS	7,999,087	7,999,087		
		0.500.055	1.050.700	0.070.740	
	b FINANCIAL FEES	3,693,966	1,359,793	2,270,712	63,461
	c				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	727,948,933	651,159,197	56,916,790	19,872,946
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

3

Assets

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 End of year

Beginning of year

77,989,136

12,561,080

43,866,911

31,075,230

230.094

8,517,911

671,025,728

219,489,186

3,919,567

24,535,000

23,966,704

382,730,680

861,931,874

625,971,037

1,487,902,911

1,870,633,591

1

2

3

4

5

6 7

8

9

10c

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Page 11

76,711,102

10,410,927

40,835,127

34,280,695

174,812

9,882,565

764,190,156

210,889,897

3,401,861

24,535,000

20,048,181

383.859.611

853,188,177

614,032,346

1,467,220,523

1,851,080,134

Form 990 (2019)

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

Accounts receivable, net

Inventories for sale or use .

Less: accumulated depreciation

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Tax-exempt bond liabilities

or family member of any of these persons

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

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

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

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	Т

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

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

1	1 Investments—publicly traded securities .	767,901,114	11	659,431,872
1	2 Investments—other securities. See Part IV, line 11	234,695,275	12	235,857,05
1	3 Investments—program-related. See Part IV, line 11	11,451,547	13	9,216,447
1	4 Intangible assets		14	
1	5 Other assets. See Part IV, line 11	11,319,565	15	10,089,380
1	6 Total assets. Add lines 1 through 15 (must equal line 34)	1,870,633,591	16	1,851,080,134
1	7 Accounts payable and accrued expenses	82,545,097	17	91,391,274
1	8 Grants payable		18	
1	9 Deferred revenue	28,275,126	19	33,593,398

997,618,149

233,427,993

10a

10b

3a

3b

Yes

Yes (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

Form 990 (2019)

Form 990, Part III, Line 4a:

INSTRUCTION 2019-2020 UNDERGRADUATE 5.774, GRADUATE AND PROFESSIONAL 7.157, TOTAL FALL ENROLLMENT 12.931, DEGREES CONFERRED (2019-2020): BACCALAUREATE 1,360, MASTER'S 1,921, FIRST PROFESSIONAL 273, DOCTORAL 116. TOTAL DEGREES CONFERRED 3,670. UNDERGRADUATE STUDENTS CAN SELECT

FROM MORE THAN 100 UNDERGRADUATE PROGRAMS, INCLUDING TRADITIONAL MAJORS AND DUAL DEGREE PROGRAMS THAT SPAN A VARIETY OF DISCIPLINES, INCLUDING BUSINESS, EDUCATION, SOCIAL WORK, ART HISTORY, GEOGRAPHIC INFORMATION SCIENCE, INTERNATIONAL STUDIES, PUBLIC POLICY AND ENGINEERING. GRADUATE STUDENTS CAN SELECT FROM MORE THAN 120 GRADUATE DEGREE PROGRAMS THAT WILL CHALLENGE, INSPIRE, AND PREPARE THEM TO ACHIEVE THEIR HIGHEST ACADEMIC AND PROFESSIONAL GOALS. EACH DU GRADUATE PROGRAM COMBINES RIGOROUS STUDY WITH CRITICAL THINKING COLLABORATION AND APPLIED. LEARNING EXPERIENCES THAT WILL ENABLE STUDENTS TO EXPAND THEIR SKILLS, DEEPEN THEIR EXPERTISE AND APPLY THEIR KNOWLEDGE TO BENEFIT THEMSELVES AND THE WORLD.

2019-2020 ACADEMIC YEAR: THE UNIVERSITY OF DENVER STUDENT CAN APPLY FOR FINANCIAL AID TO ASSIST THEM AND THEIR FAMILY IN COVERING THE COST OF THEIR EDUCATION. SCHOLARSHIPS AND GRANTS ARE AVAILABLE TO STUDENTS FROM FEDERAL, STATE AND INSTITUTIONAL PROGRAMS. INSTITUTIONAL SCHOLARSHIP, WAIVERS AND CASH ASSISTANCE PROGRAMS FOR THE 2019-2020 ACADEMIC YEAR EQUALED \$175.684.271 ENDOWED AND GIFT SUPPORT SCHOLARSHIP PROGRAMS

FUNDED \$20.367,475 AND THE FEDERAL AND STATE PROGRAMS FUNDED \$2,345,744. UP TO 80% OF THE STUDENTS AT THE UNIVERSITY RECEIVE SOME FINANCIAL AID.

Form 990, Part III, Line 4b:

2019-2020 ACADEMIC YEAR: ACADEMIC SUPPORT INCLUDES THE ADMINISTRATIVE SUPPORT FOR 12 GRADUATE SCHOOLS AND PROFESSIONAL PROGRAMS AND 7 UNDERGRADUATE SCHOOLS AND COLLEGES. ACADEMIC SUPPORT ALSO INCLUDES THE UNIVERSITY'S LIBRARIES, MEDIA AND INFORMATION TECHNOLOGY SUPPORT AND OTHER SUPPORT FUNCTIONS FOR THE UNIVERSITY'S PRIMARY MISSIONS, STUDENT SERVICES - CONSISTS OF THE ACTIVITIES OF THE ADMISSIONS, REGISTRAR AND

Form 990, Part III, Line 4c:

FINANCIAL RESOURCES OFFICES AS WELL AS ACTIVITIES THAT CONTRIBUTE TO THE STUDENTS DEVELOPMENT OUTSIDE THE FORMAL INSTRUCTION PROGRAM THAT

INCLUDE INTERCOLLEGIATE ATHLETIC PROGRAMS AND SPORTS AND WELLNESS RECREATION PROGRAMS. INCLUDED IN THERE ACTIVITIES ARE CAMPUS LIFE, CAREER

AND COUNSELING CENTERS, LEADERSHIP PROGRAMS AND OTHER CAMPUS ACTIVITIES THAT CONTRIBUE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING

AND INTELLECTUAL, CULTURAL AND SOCIAL DEVELOPMENT.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 54,015,582 including grants of \$ 14,764,767) (Revenue \$ 49,281,558)

THE UNIVERSITY OF DENVER FACULTY MEMBERS RECEIVED SUBSTANTIAL FUNDING FROM GOVERNMENTAL AND PRIVATE SOURCES TO SUPPORT THEIR SCHOLARSHIP, THE UNIVERSITY HAS LONG PROMOTED A TEACHER/SCHOLAR MODEL FOR ITS FACULTY, ENCOURAGING PROFESSIONS TO

PUBLIC GOOD. (Code:) (Expenses \$ 44,238,321 including grants of \$ 0) (Revenue \$ 42,878,048)

EXCEL IN THE CLASSROOM AND IN RESEARCH. MUCH OF THE FACULTY SCHOLARSHIP CONTRIBUTES TO THE UNIVERSITY OF SERVING THE

2019-2020 ACADEMIC YEAR: THE AUXILIARY ENTERPRISES AT THE UNIVERSITY OF DENVER EXIST TO FURNISH GOODS OR SERVICES TO

SUPPORT TO OUR STUDENTS WHICH INCLUDES; A UNIVERSITY HEALTH CENTER AND RESIDENCE AND FOOD FACILITIES. THE UNIVERSITY ALSO

STUDENTS, FACULTY, STAFF, INSTITUTIONAL DEPARTMENTS AND THE PUBLIC. THE MOST PROMINENT OF THESE ENTERPRISES PROVIDE

HAS A PERFORMING ARTS CENTER THAT HOSTS PERFORMANCES BY THE FACULTY AND STUDENTS OF THE UNIVERSITY AND THE REGION'S

FINEST PERFORMING ARTS ORGANIZATIONS. A SMALL CONFERENCE AND EVENTS SERVICES DEPARTMENT ROUNDS OUT THE UNIVERSITY'S AUXILIARY ENTERPRISE ACTIVITIES.

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

and Independent Contractors

CRAIG WOODY

BRUCE SMITH

JACK STRAUSS

PROFESSOR

MARTIN KATZ

NANCY NICELY

DEAN

FRMR TREAS - SNR VICE CHANC

SNR ADV ACDMC INNOV - FORMER DEAN

SECRETARY - CHIEF OF STAFF

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	any hours					ustee)		organization	organizations	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
REBECCA CHOPP CHANCELLOR THRU 7/14/19	40.00			х				864,689	0	55,127	
JEREMY HAEFNER CHANCELLOR	40.00			х				612,269	0	60,379	
KARLTON CREECH	40.00				х			361,563	0	88,313	

JEREMY HAEFNER	40.00		x			612,269	0	
CHANCELLOR			^			012,209	Ŭ	ı
KARLTON CREECH	40.00			Х		361,563	0	
VICE CHANCELLOR				^		301,303	Ů	1
DAVID GORDON CARLE	40.00				_	394,597	0	
HEAD COACH					_^	394,397	o o	1
CDECC KV(ICTAD	40.00							

KARLION CREECH				x			361,563	ام	
VICE CHANCELLOR				^			301,303		
DAVID GORDON CARLE	40.00				x		394,597	0	
HEAD COACH					^		331,337		
GREGG KVISTAD	40.00								
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KARLTON CREECH	40.00		Y			361,563	0	
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DAVID GORDON CARLE	40.00			¥		394,597	0	
HEAD COACH				^		354,357	0	
GREGG KVISTAD	40.00					202 522		
PROVOST EMERITUS - FORMER PROVOST					Х	392,522	Ü	

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358,808

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30,267

54,373

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62,707

32,783

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

and Independent Contractors

LILIANA RODRIGUEZ

VICE CHANCELLOR

KEYARMIN AFSAHI

VICE CHANCELLOR

LESLIE BRUNELLI

TODD RINEHART

FORMER DEAN

VICE CHANCELLOR

ELRIE LABRENT CHRITE

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TREASURER - SENIOR VICE CHANCELLOR

	1 6 1 1 1 1							1 (1) 2 (4 0 0 0	(111 2/4 200	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES HOLSTON DEAN	40.00					х		310,750	0	53,880
SHARON LASSAR PROFESSOR	40.00					х		312,179	0	23,726
PAUL CHAN UNIVERSITY COUNSEL	40.00				х			290,909	0	43,063

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216,949

267,390

254,627

237,888

198,382

38,351

47,310

89,139

26,009

26,733

42,954

50,436

0

0

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PAUL CHAN	40.00		x		290,909	0	
UNIVERSITY COUNSEL					250,505	Š	
CHRISTOPHER HILL	40.00						
ADVISOR TO THE CHANCELLOR				×	295,261	0	
DONALD HARRIS	40.00		V		272.605		
VICE CHANCELLOR			×		272,685	U	

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and Independent Contractors

ASSISTANT TREASURER - CONTROLLER

SNR ADV TO CHNCLLR-FRMR VICE CHNCLLR

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ASSOCIATE VICE CHANCELLOR

MARGARET BRADLEY DOPPES

JAMES ROSNER

ROSALYNN FEAGINS

CLAIRE BROWNELL

ANGELA DUGGAN

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

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	for related organizations below dotted line)		Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VIVEK CHOUDHURY	40.00			х			229,399	0	18,518
DEAN				, ,				•	
JAMES GRIESEMER	41.00						202.025	0	44.064
TRUSTEE - PROFESSOR		X					203,835	0	41,961
DAVID ETHAN GREENBERG	40.00			V			310.070	0	24.404
VICE CHANCELLOR				Х			219,879	0	24,401

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

4	1 6	1			.,	,	(N_1 2/4000 ()	(14) 2/4.000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DENISE M OLEARY TRUSTEE - CHAIR	1.00	Х		х				0	0	0
KEVIN C GALLAGHER TRUSTEE - VICE CHAIR	1.00	Х		х				0	0	0
EDWARD T ANDERSON TRUSTEE	1.00	Х						0	0	0
KATHERINE ARCHULETA TRUSTEE	1.00	Х						0	0	0

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EDWARD T ANDERSON
TRUSTEE
KATHERINE ARCHULETA
TRUSTEE

DANIEL P CARUSO

MARY SUE COLEMAN

DEBORAH DEHAAS

NAVIN DIMOND

MARK FALCONE

MARGOT GILBERT FRANK

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TRUSTEE

TRUSTEE

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and Independent Contractors

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

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

NANCY PHILLIPS

MARY K RHINEHART

RAY M ROBINSON

	any hours	and	a dir	rector/trustee)				organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PETER A GILBERTSON TRUSTEE	1.00	X						0	0	0	
TRUSTEE											
CRAIG HARRISON	1.00	Х						0	0	0	
TRUSTEE											

TRUSTEE						
CRAIG HARRISON	1.00	x			0	0
TRUSTEE		, ,			, and the second	J
RYAN HECKMAN	1.00	v			0	0
TRUSTEE		^				
BRANDON C JOHNSON	1.00	v			0	0
TRUCTEE		^			١	٥

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TRUSTEE		Х			0	U	U	
RYAN HECKMAN	1.00	~			0	0	0	
TRUSTEE		^				0		
BRANDON C JOHNSON	1.00	~			0	0	0	
TRUSTEE		^				,	0	
JOHN A MILLER	1.00							

NATION IN THE STATE OF THE STAT		Х			۱ ،	n	1
TRUSTEE		Λ.					
BRANDON C JOHNSON	1.00	X			0	0	0
TRUSTEE					-		
JOHN A MILLER	1.00	V				0	
TRUSTEE		^			0	0	
GREGORY L MOORE	1.00	V				0	
TRIISTEE		X			l "	0	

JOHN A MILLER	1.00	Х					0	0	0
TRUSTEE									
GREGORY L MOORE	1.00	×					0	0	0
TRUSTEE		^					0	0	
TRYGVE E MYHREN	1.00								
		X	l		l	1	0	0	0

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other compensation compensation

	week (list any hours	person is both an officer and a director/trustee)						from the organization	from related organizations	compensation from the organization and	
	for related organizations below dotted line)	ns 불료	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	related organizations	
DOUGLAS G SCRIVNER	1.00	X						0	0	0	
TRUSTEE		^						J	0		
CATHERINE C SHOPNECK	1.00	X						0	0	0	
TRUSTEE		^							0		

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OTTO TSCHUDI

FREDERICK T WALDECK

TRUSTEE

TRUSTEE

efil	e GR/	APHIC pri	HIC print - DO NOT PROCESS As Filed Data - DLN: 93493133048					
SCI	HFD	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i			ormation.	Open to Public Inspection
Nam	e of th	nie Service he organiza OF DENVER	tion				Employer identific	
							84-0404231	
	rt I		for Public Charity Statual private foundation because				See instructions.	
1	n gannz		onvention of churches, or as	•			(A)(i)	
2		,	escribed in section 170(b)(
3	$\overline{\mathbf{V}}$,			
		·	or a cooperative hospital serv	-			-	or have talled a large of the Ha
4	Ш	name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	17U(b)(1)(A)(III). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land g	ural research organization de rant college of agriculture. Se	ee instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations on through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	r the number	of supported organizations				<u> </u>	
g			ring information about the su	······································	r '			Т
	(i) N	Name of supports organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	rganization in your governing document? or show the shows the show		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	

the business is regularly carried on

Section C. Computation of Public Support Percentage

Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.). . **Total support.** Add lines 7 through

10

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

Page 2

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	31,908,981	33,233,518	43,978,340	47,281,150	27,505,454	183,907,443
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3							
4	Total. Add lines 1 through 3	31,908,981	33,233,518	43,978,340	47,281,150	27,505,454	183,907,443
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						23,638,536

amount shown on line 11, column

(f). Public support. Subtract line 5 from line 4.

Calendar vear

160,268,907

Section B. Total Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶

31,908,981 33,233,518 43,978,340 47,281,150 27,505,454 183,907,443 Amounts from line 4. . Gross income from interest.

dividends, payments received on 7,856,062 securities loans, rents, royalties 8,177,293 3,895,363 5,238,662 7,839,358 33,006,738

and income from similar sources

Net income from unrelated business activities, whether or not

2.900.515

3.936.907

3.025.150

Schedule A (Form 990 or 990-EZ) 2019

12

14

14.887.617

231,801,798

69.140 %

67.940 %

2,974,485,864

2.527.551

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

2.497.494

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)									
	(Complete only if you cl						er Part II. If			
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	Investment income percentage for 201			line 13 column (f	:))	17				
17 10										
18 10-	Investment income percentage from 2018 Schedule A, Part III, line 17									
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
ט	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

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

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

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

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

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3					
Pa	rt IV Supporting Organizations (continued)								
_			Yes	No					
	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?								
		11a							
	A family member of a person described in (a) above?	11b							
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c							
S	ection B. Type I Supporting Organizations								
			Yes	No					
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1							
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-							
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2							
	organization.								
S	ection C. Type II Supporting Organizations								
_			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of								
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1							
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).								
S	ection D. All Type III Supporting Organizations								
_			Yes	No					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing								
	documents in effect on the date of notification, to the extent not previously provided?								
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2							
_									
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax								
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3							
S	ection E. Type III Functionally-Integrated Supporting Organizations								
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):							
	The organization satisfied the Activities Test. Complete line 2 below.								
	b								
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)						
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No					
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a							
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's								
	involvement.	2b							
3	Parent of Supported Organizations. Answer (a) and (b) below.	3a							
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each o the supported organizations? <i>Provide details in Part VI</i> .								
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h							

3b

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

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide	
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019	

sive (provide	
(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Underdistributions	Distributable
-	ive (provide

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions	hich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

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

Additional Data

Software ID: Software Version:

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493133048771

ZUIZ

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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

Open to Public Inspection

f the	Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax	90-EZ, Part VI, Iir ection 501(h)): Co der section 501(h	ne 47 (Lobbying Activitie emplete Part II-A. Do not co)): Complete Part II-B. Do	omplete Part II-B. not complete Part II-A.
	oxy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz				
Na	me of the organization IVERSITY OF DENVER			' '	ntification number
Par	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	84-0404231	zation
1	<u> </u>	ization's direct and indirect political can			
-	"political campaign activities")	mzadori 3 direct and maneet pondear can	rpaigh activities in	Trait IV (See mistractions	ior definition of
2		litures (see instructions)			\$0
3		aign activities (see instructions)			0
		nization is exempt under sectio			
1	,	ax incurred by the organization under se			\$0
2		ax incurred by organization managers ur			\$0
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	
1	· ·	ed by the filing organization for section	•		\$
2		anization's funds contributed to other or			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	ch the filing . Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat.	No. 500845 Schedule C	Form 990 or 990-EZ) 2019

PART II-B, LINE 1:

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Nο C Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 29,295 Total. Add lines 1c through 1i 29,295 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b Total C 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list): Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference Explanation

LEGISLATORS FOR THE BENEFIT OF PRIVATE HIGHER EDUCATION.

THE UNIVERSITY PAYS DUES TO INDEPENDENT HIGHER EDUCATION OF COLORADO ALONG WITH TWO

PRIVATE HIGHER EDUCATION INSTITUTIONS IN COLORADO. THIS ORGANIZATION PROVIDES MOSTLY LEGISLATIVE INFORMATION TO THE COLORADO INSTITUTIONS AND AT TIMES SEEKS TO INFLUENCE

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DLN: 93493133048771

OMB No. 1545-0047

Supplemental Financial Statements

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

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** UNIVERSITY OF DENVER 84-0404231 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 1 0 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 5,525,000 Aggregate value at end of year 3.343.894 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ✓ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

d Equipment .

Par	t III	Organizations M	aintaining Collectio	ons of Art, His	toric	al Tr	eas	ures, oi	Other 9	Similar As	sets (cont	inued)
3		g the organization's acq ns (check all that apply):		other records, ch	neck a	ny of	the fo	ollowing t	hat are a	significant u	se of its col	lection
а	✓	Public exhibition			d		Loar	or excha	ange prog	rams		
b	✓	Scholarly research			е		Othe	er				
С	✓	Preservation for future	e generations									
4		ride a description of the XIII.	organization's collection	s and explain ho	w they	/ furth	ner th	e organiz	ation's ex	empt purpos	se in	
5		ng the year, did the org ets to be sold to raise fur									☐ Yes	☑ No
Pai	rt IV		odial Arrangement ganization answered		990,	Part	IV,	ine 9, o	r reporte	d an amou		
1a		ne organization an agent uded on Form 990, Part I									Yes	☑ No
b	If "Y	es," explain the arrange	ement in Part XIII and c	omplete the follo	wing t	able:				ıΑ	nount	
С	Begi	inning balance							1c			
d	Addi	itions during the year .							1d			
е	Distr	ributions during the year	r						1e			
f	Endi	ing balance							1f			
2a	Did t	the organization include	an amount on Form 99	0. Part X. line 21	for e	scrow	or cu	ıstodial a	ccount lia	bility?	Vec	 □ No
		es," explain the arrange								•		_ NO
	rt V	Endowment Fund		K Here ii the expi	anacio	iii iias	Deci	Provide	a III I GIC A			
			ganization answered	"Yes" on Form	990,	Part	IV, ا	ine 10.				
					(b) Pri	ior yea	r		ears back	(d) Three yea	rs back (e)	Four years back
1 a	Begin	ning of year balance .		814,517,680	78	89,009	,879	73	3,845,194	628,5	519,105	651,398,198
b	Contri	ibutions		12,655,934		27,320	,176	2	27,319,088		72,426	17,770,937
С	Net in	nvestment earnings, gair	ns, and losses	16,924,195		38,610	,281	6	54,972,143	70,6	97,217	-15,244,831
d	Grant	s or scholarships		23,138,434		23,760	,044	2	21,647,705	18,3	316,657	11,347,587
		expenditures for facilition	es	18,956,942	:	13,391	.,749	1	2,131,310	10,0	90,822	13,321,080
f	Admir	nistrative expenses .		3,703,951		3,270	,863		3,347,531	2,9	36,075	736,532
g	End o	f year balance		798,298,482	8:	14,517	,680	78	39,009,879	733,8	345,194	628,519,105
2	Prov	ride the estimated perce	ntage of the current yea	ar end balance (li	ine 1g,	, colur	mn (a	i)) held a	s:			
а	Boar	rd designated or quasi-e	ndowment ► 30.72	0 %								
b	Pern	nanent endowment 🟲	47.580 %									
С	Tem	porarily restricted endo	wment ▶ 21.700 %									
	The	percentages on lines 2a	, 2b, and 2c should equ	al 100%.								
3а		there endowment funds nization by:	not in the possession o	f the organizatior	n that	are he	eld ar	nd admini	stered for	the		Yes No
	(i) u	unrelated organizations									3a(i)	Yes
		related organizations .					•				3a(ii)	No
		'es" on 3a(ii), are the re	-				?.				3b	
4		cribe in Part XIII the inte		ization's endowm	nent fu	ınds.						
Pal	rt VI	, ,		"Voc" on Form	موو	Dart	T\/ '	ino 112	Soc For	m 000 Day	+ V lino 1	0
	Desci	ription of property	ganization answered (a) Cost or other basi						umulated d			ook value
			(investment)	, , , , , , , , , , , , , , , , , , ,		- (-	,				-	
1a	Land					44,49	95,849					44,495,849
		ngs				741,80		<u> </u>	1	73,681,927		568,127,874
		hold improvements				,	,	1		1 1		
-			İ	1				i				

62,717,294

148,595,205

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

2,971,228

148,595,205

764,190,156

59,746,066

(a) Description of security or crapagory (b) Book value Control (c) Method of viculation: Control of viculations: Control of v	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	orm 990 Part IV line	I 1h See Form 990 I	Part X line 12
3 Francis derivatives		(a) Description of security or category	(b) Book value	(c) Metho	d of valuation:
Q. Goody A. PETRINTS	(1) Financial			Cost or end-of	-year market value
ALTERNATIONAL BOND HOLDING 235.000 F					
238,857,001 30	(A) ALTERNA	TIVE INVESTMENTS	235,627,051		F
The state of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. (a) Description of Investment. (b) Book value (c) Book value (c) Book value (d) Description of Investment (line 10c) (e) Description of Investment (line 11c) (f) Book value (g) Description of Investment (line 11c) (h) Book value (g) Description of Investment (line 11c) (h) Book value (g) Description of Investment (line 11c) (h) Book value (g) Description of Investment (line 11c) (h) Book value (g) Description of Investment (line 11c) (h) Book value (g) Description of Investment (line 11c) (h) Book value (l) Bo		TIONAL BOND HOLDING	230,000		F
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The Colonia (i) most equal form 500, Part X, col. (ii) line (2) The Colonia (i) most equal form 500, Part X, col. (iii) line (2) The Colonia (iii) most equal form 500, Part X, col. (iii) line (2) The Colonia (iii) most equal form 500, Part X, col. (iii) line (iii) l	(D)				
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The Column (a) must equal form 990, Part X, and (b) line 12.) The Column (b) must equal form 990, Part X, and (b) line 12.) Complete if the organization allowered "Yes" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. Complete if the organization allowered "Yes" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. (c) Betch of visuation: (d) Book value Cost or and of-year market value (e) Book value (f) Book value Cost or market value (h) Book value (o) Description (o) Descri	(F)				
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Federal income taxes (d) ANNUITY AND LIFE INTEREST OBLIGATIONS (e) FEDERAL PERKINS LOAN PROGRAM - REFUNDABLE (e) ANNUITY AND LIFE INTEREST OBLIGATIONS (e) FEDERAL PERKINS LOAN PROGRAM - REFUNDABLE (f) OBLIGATIONS (f) FEDERAL PERKINS LOAN PROGRAM - REFUNDABLE (f) OBLIGATIONS (f) OB					•
The provided in the provided		Complete if the organization answered 'Yes' on Fo		1e or 11f.See Form	
2) ANNUITY AND LIFE INTEREST OBLIGATIONS 3) FEDERAL PERKINS LOAN PROGRAM - REFUNDABLE 4) 10,596,781 5) 6) 7) 8) 9,451,400 10,596,781 6) 7) 8) 9,451,400 10,596,781 6) 7) 8) 8) 9 10,09 10,00 10,	1. (1) Federal i		аршцу		
(a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					9,451,400
5) 7) 8) 9) 100 101 102 103 104 105 106 107 108 109 109 109 109 109 109 109		PERKINS LOAN PROGRAM - REFUNDABLE			10,596,781
(a) (b) (c) (c) (c) (c) (d) (d) (d) (d	(4)				
(7) (8) (8) (9) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(5)				
B) LO) Intal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.	(6)				
(10) Intal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.	(7)				
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.	(8)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.	(9)				
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization	(10)				
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icertain tax positions under FIN 48 (45) (40) I beck here it the text of the footbote has been provided in Dart VIII. IVI					

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b

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

-8,254,934

505,134,383

211,611,709

716,746,092

517,561,837

1,224,613

516,337,224

211,611,709

727.948.933

Schedule D (Form 990) 2019

Add lines 4a and 4b .

Other losses

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . .

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII.)
Add lines 2a through 2d
Subtract line $2e$ from line 1
Amounts included on Form 990, Part VIII, line 12, but not on line 1:
Investment expenses not included on Form 990, Part VIII, line 7b $$.
Other (Describe in Part XIII.)

Donated services and use of facilities . . .

Prior year adjustments

Net unrealized gains (losses) on investments . . .

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

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

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

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

Total expenses and losses per audited financial statements

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

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

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

Supplemental Information

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

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-8.865.112

610,178

3,703,951

1,224,613

3,703,951

207.907.758

207,907,758

2e 3

4c

5

1

2e

3

4c

5

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	DONATED WORKS OF ART ARE CONSIDERED COLLECTIONS UNDER THE UNIVERSITY'S POLICY. COLLECTIONS HELD FOR PUBLIC EXHIBITION AND EDUCATION IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FIN
	ANCIAL GAIN ARE NOT RECORDED IN THE STATEMENTS OF FINANCIAL POSITION

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4:	THE UNIVERSITY ACQUIRES AND MANAGES A WIDE VARIETY OF WORKS OF ART. THESE ARE INTENDED TO ENHANCE THE ACADEMIC AND LIFELONG LEARNING EXPERIENCES OF STUDENTS, FACULTY, STAFF, AND THE GENERAL PUBLIC. THESE OBJECTS BRING THE UNIVERSITY AND COMMUNITY AUDIENCES TOGETHER THRO UGH SHARED EXPERIENCES WITH ART AND POSSESS THE POTENTIAL TO EDUCATE, ENLIGHTEN AND INSPIRE. THE UNIVERSITY'S ART AND COLLECTION HOLDINGS WILL GENERALLY BE CONSIDERED AS BELONGING TO ONE OF TWO CATEGORIES: 1) ARTWORK OF GENERAL INTEREST VALUED PRIMARILY AS ORNAMENTS FOR THE UNIVERSITY'S BUILDINGS AND GROUNDS; OR 2) THOSE ARTWORKS DEEMED TO BE OF SUFFICIENT A RTISTIC, SCHOLARLY OR FINANCIAL VALUE TO JUSTIFY INCLUSION IN THE FORMAL UNIVERSITY ART COLLECTIONS.

Supplemental Information	
Return Reference	Explanation
PART IV, LINE 2B:	THE DISTRIBUTION OF CERTAIN STUDENT FEES IS GOVERNED BY STUDENT ORGANIZATIONS. THESE FUNDS ARE TEMPORARILY HELD IN THE UNIVERSITY'S OPERATING BANK ACCOUNT AND RECORDED AS A LIABILI TY ON THE UNIVERSITY'S BALANCE SHEET.

_ _ _

Supplemental Information Return Reference Explanation SPENDING DISTRIBUTIONS FROM THE UNIVERSITY'S ENDOWMENT FUNDS PROVIDE SUPPORT TO UNIVERSITY PART V, LINE 4: SCHOLARSHIPS (64%), ACADEMIC PROGRAMS (19%), FACULTY CHAIRS & PROFESSORSHIPS (14%) AND OT HER UNIVERSITY OPERATIONS AND FUNCTIONS(3%).

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE UNIVERSITY IS RECOGNIZED AS AN ORGANIZATION GENERALLY EXEMPT FROM INCOME TAXES UNDER S ECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECT ION 501(C)(3) AND A PUBLIC CHARITY, AND NOT AS A PRIVATE FOUNDATION, UNDER SECTION 509(A)(1). HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER SECTION 511 OF THE CODE. THE UNIVERSITY HAD NO MATERIAL AMOUNTS OF UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. THE UNIVERSITY EVA LUATES ITS TAX POSITION IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC TOPIC 740-10, INCOME TAXES (FORMERLY, FASB INTERPRETATION NO. 48). FASB ASC TOPIC 740-10 CLARIFIES THE ACCOUNT ING FOR UNCERTAINTY IN INCOME TAX RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. FASB ASC TOPIC 740-10 REQUIRES ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART OF THE BENEFIT CAN BE RECORDED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUID ANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALON G WITH ANY RELATED INTEREST OR PENALTIES. A TAX POSITION IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED UPON SETTLEMENT. THE UNIVERSITY HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2020.

Supplemental Information Return Reference Explanation SPECIAL EVENT EXPENSES 562,566. RENTAL EXPENSES 662,047. ACTUARIAL ADJUSTMENT -614,435. PART XI, LINE 2D - OTHER I ADJUSTMENTS:

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 195,456,126. GRANTS TO ORGS 12,451,632.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 562,566. RENTAL EXPENSES 662,047.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 195,456,126. GRANTS TO ORGS 12,451,632.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133048771 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** UNIVERSITY OF DENVER 84-0404231 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

	IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION." THE FOLLOWING NON-DISCRIMINATION POLICY IS PUBLICIZED IN COLLEGE ADMISSION AND OTHER PUBLICATIONS THAT ARE DIRECTED TOWARD THE STUDENT'S EDUCATIONAL EXPERIENCE. THE UNIVERSITY OF DENVER IS AN EQUAL OPPORTUNITY INSTITUTION. IT IS THE POLICY OF THE UNIVERSITY NOT TO DISCRIMINATE IN ADMISSION OF STUDENTS, IN THE PROVISION OF SERVICES, OR IN EMPLOYMENT ON THE BASIS OF RACE, ETHNICITY, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION OR DISABILITY. THE UNIVERSITY OF ANY OR
	COMPLIES WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, REGULATIONS AND EXECUTIVE ORDERS.
CCHEDITLE E DARTI LINE 6	THE LINIVERSITY PARTICIPATES IN FEDERAL AND STATE SINANCIAL AID

SCHEDULE E, PART I, LINE 6

THE UNIVERSITY PARTICIPATES IN FEDERAL AND STATE FINANCIAL AID PROGRAMS INCLUDING; PELL GRANT PROGRAM, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM AND DIRECT LENDING PROGRAM, FEDERAL WORK-STUDY PROGRAM AND TEACH GRANT PROGRAM. COLORADO STATE PROGRAMS INCLUDE:

COLORADO STUDENT GRANT PROGRAM, COLORADO GRADUATE GRANT PROGRAM AND COLORADO COLLEGE WORK STUDY PROGRAM.

COLORADO STUDENT GRANT PROGRAM, COLORADO GRADUATE GRANT PROGRAM AND COLORADO COLLEGE WORK-STUDY PROGRAM.

Schedule F (Form 990 or 990-FZ) (2019)

SCHEDULE F	State	ement of	Activities (Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Comp	lete if the organi		Yes" to Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2019
Department of the Treasury	•	► Go to <i>www.irs.</i>		nstructions and the latest i	nformation.	Open to Public Inspection
lame of the organization					Employer ide	ntification number
JNIVERSITY OF DENVER					84-0404231	
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the organization a	answered "Yes" on
1 For grantmakers	. Does the o	rganization mai	intain records to	substantiate the amoun	t of its grants and	
,	•	,	-	stance, and the selectior		
to award the grant	s or assistan	ce?				🗹 Yes 🗌 No
2 For grantmakers outside the United		Part V the org	anization's proce	edures for monitoring the	e use of its grants and ot	her assistance
3 Activites per Region	. (The following	ng Part I, line 3	table can be dupli	icated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total		(0			217,106,318
b Total from continuati Part I	on sheets to		_			
c Totals (add lines 3a	and 3h)					23,317,23 240,423,55
	/	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1	L	

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	Пло
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

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

APPLIED TO ANY OUTSTANDING CHARGES PRIOR TO DISBURSEMENT OF ANY EXCESS AMOUNTS.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	EXPENDITURES LISTED IN PART I ARE REPORTED USING AN ACCRUAL METHOD OF ACCOUNTING.

Additional Data

(a) Pegion

CENTRAL AMERICA &

CARIBBEAN

Software ID: Software Version:

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

208,761,793

Form	990	Schedule F	Part I -	Activities	Outside	The	United States	
		ociicaaic i		ACCIVICIOS	O a coluc		Ollicea Otaces	

(a) Region	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		148,251

0 INVESTMENTS

orm 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT AND STUDENT SERVICES	54,790		
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	INSTRUCTION	232,088		

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 IPROGRAM SERVICES RESEARCH & PUBLIC 26,375 CENTRAL AMERICA & CARIBBEAN SERVICE EAST ASIA & THE PACIFIC 0 IGRANTS 5,126,195

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) **FAST ASIA & THE PACIFIC** 0 IPROGRAM SERVICES 412,433 IACADEMIC SUPPORT AND STUDENT SERVICES EAST ASIA & THE PACIFIC 0 PROGRAM SERVICES 2,344,393 INSTRUCTION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) **FAST ASIA & THE PACIFIC** 0 PROGRAM SERVICES RESEARCH & PUBLIC 16.961 SERVICE **EUROPE** 0 IGRANTS 2,508,930

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) **EUROPE** 0 INVESTMENTS 3,377,000 **EUROPE** 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 1,173,679 ISTUDENT SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) **EUROPE** 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 38,937 EUROPE 0 PROGRAM SERVICES INSTRUCTION 7,444,613

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) FUROPE 0 PROGRAM SERVICES RESEARCH & PUBLIC. 130,332 SERVICE MIDDLE EAST & NORTH 0 IGRANTS 840,867 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) MIDDLE FAST & NORTH 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 45,386 AFRICA ISTUDENT SERVICES MIDDLE EAST & NORTH 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 2.623 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) MIDDLE FAST & NORTH 0 PROGRAM SERVICES INSTRUCTION 392,465 AFRICA MIDDLE EAST & NORTH 0 PROGRAM SERVICES RESEARCH & PUBLIC 22,723 AFRICA SERVICE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 IGRANTS 1,854,806 NORTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 441,288 ISTUDENT SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in services, grants to service(s) in region region recipients located in the reaion) NORTH AMERICA 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 51,828 NORTH AMERICA 0 PROGRAM SERVICES INSTRUCTION 133,379

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA 0 PROGRAM SERVICES RESEARCH & PUBLIC. 69,739 SERVICE RUSSIA AND NEIGHBORING 0 IGRANTS 205,078 STATES

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0		ACADEMIC SUPPORT AND STUDENT SERVICES	16,874
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	INSTRUCTION	65,197

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) 0 IGRANTS 546,409 SOUTH AMERICA SOUTH AMERICA 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 1,291

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 PROGRAM SERVICES 685,206 SOUTH AMERICA INSTRUCTION SOUTH AMERICA 0 PROGRAM SERVICES RESEARCH & PUBLIC 7,304 ISERVICE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SOUTH ASIA 0 IGRANTS 1,132,889 SOUTH ASIA 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 71,926 ISTUDENT SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SOUTH ASIA 0 PROGRAM SERVICES 99.819 INSTRUCTION SOUTH ASIA 0 PROGRAM SERVICES RESEARCH & PUBLIC 7,001 ISERVICE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) SUB-SAHARAN AFRICA 0 IGRANTS 1,034,817 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 278,816 ISTUDENT SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES 458,058 INSTRUCTION SUB-SAHARAN AFRICA 0 PROGRAM SERVICES RESEARCH & PUBLIC 12,089 ISERVICE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SUB-SAHARAN AFRICA 0 IPROGRAM SERVICES INSTITUTIONAL SUPPORT 5.665 SOUTH AMERICA 0 PROGRAM SERVICES ACADEMIC SUPPORT AND 84,714 ISTUDENT SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) FAST ASIA & THE PACIFIC 0 PROGRAM SERVICES INSTITUTIONAL SUPPORT 58,526

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
EDUCATIONAL SCHOLARSHIPS	SUB-SAHARAN AFRICA	35	, ,	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		
EDUCATIONAL SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	8	,	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	299	5,126,195	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		
EDUCATIONAL SCHOLARSHIPS	EUROPE	61	, ,	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (b) Region (c)Number (e) Manner of cash (h) Method of (a) Type of grant or (d) Amount of (f) Amount of (g) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) **EDUCATIONAL** 37 840,867 DIRECT N/A IN/A MIDDLE EAST JAPPLICATION TO SCHOLARSHIPS IAND NORTH ISTUDENT ACCOUNT AFRICA **EDUCATIONAL** 50 1,854,806 DIRECT N/A IN/A INORTH IAPPLICATION TO SCHOLARSHIPS AMERICA ISTUDENT ACCOUNT

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
EDUCATIONAL SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	6	205,078	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		
EDUCATIONAL SCHOLARSHIPS	SOUTH AMERICA	22	546,409	DIRECT APPLICATION TO STUDENT ACCOUNT		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) **EDUCATIONAL** 47 1,132,889 DIRECT IN/A IN/A ISOUTH ASIA IAPPLICATION TO SCHOLARSHIPS ISTUDENT ACCOUNT I

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133048771 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization UNIVERSITY OF DENVER 84-0404231 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants 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 services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	1 990-EZ, lines I and t	ob. List events with
	gross receipes greater than \$2	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		DINNERS (event type)	(event type)	(total number)	col. (c))
Reversie					
	1 Gross receipts	483,676	450,705		934,381
	2 Less: Contributions	350,444	8,378		358,822
	3 Gross income (line 1 minus line 2)	133,232	442,327		575,559
	4 Cash prizes				
se	5 Noncash prizes	1,987			1,987
oens	6 Rent/facility costs	47,481	6,929		54,410
ă	7 Food and beverages 8 Entertainment	237,188	110,324		347,512
Direct Expenses	9 Other direct expenses	152,253	6,404		158,657
۵	10 Direct expense summary. Add lines 4 t				562,566
	11 Net income summary. Subtract line 10	from line 3, column (d)			12,993
Par	Gaming. Complete if the organization on Form 990-EZ, line 6a.		s" on Form 990, Part I	V, line 19, or reported	•
Reverkie		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
nses	2 Cash prizes				
a A	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
ă	5 Other direct expenses				
		☐ Yes <u>%</u>	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	<u> • • </u>	
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain:	aming activities in each of	these states?		☐ Yes ☐ No
10a b		enses revoked, suspende	d or terminated during the		I

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

Popertment of the Double of th

OMB No. 1545-0047
2019

Open to Public Inspection

DLN: 93493133048771

reasury nternal Revenue Service To to <u>www.irs.gov/Form990</u> for the latest information.	
lame of the organization Employ:	er identification number
JNIVERSITY OF DENVER 84-040	4231
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	☑ Yes ☐ No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part that received more than \$5,000. Part II can be duplicated if additional space is needed.	art IV, line 21, for any recipient
(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash cash other) (f) Method of valuation (book, FMV, appraisal, other) (g) Descript noncash assistance	
1) See Additional Data	
(2)	
(3)	
4)	
(5)	
(6)	
77)	
(8)	
(9)	
(10)	
(11)	
(12)	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3
for Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) 2019

FINANCIAL AID-ENDOWED AND GIFT

(4) FINANCIAL AID-GTA WAIVERS

FINANCIAL AID-FEDERAL SEOG PROGRAM (2) FINANCIAL AID-STATE PROGRAMS

FINANCIAL AID-INSTITUTIONAL EDUCATION

EDUCATIONAL AWARDS AND ASSISTANCE

EMERGENCY FINANCIAL AID TO STUDENTS -

Part III can be duplicated if additional space is needed

Explanation

Schedule I (Form 990) 2019

(1)

FUNDED

GRANTS

CARES ACT

Part IV

PART I, LINE 2:

Return Reference

(5)

(7)

(7)

1,846,164

20,367,475

531.940

158,812,725

2,941,364

2,313,135

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

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

(b) Number of

recipients

192

395

2228

103

8240

688

1587

ICHARGES PRIOR TO DISBURSEMENT OF ANY EXCESS AMOUNTS

N/A

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

N/A

N/A

N/A

N/A

N/A

N/A

THE UNIVERSITY OF DENVER HAS A UNIVERSITY WIDE SCHOLARSHIP AND GRANT ALLOCATION SYSTEM THAT DISTRIBUTES GRANT AND SCHOLARSHIP FUNDS TO ALL DIVISIONS OF THE UNIVERSITY. THE PURPOSE AND ELIGIBILITY CRITERIA ARE ESTABLISHED AT THE FUND LEVEL. THE EXPENDITURE OF THIS FINANCIAL RESOURCE IS MONITORED THROUGH A COMPREHENSIVE SOFTWARE SYSTEM WHICH ALLOWS FOR RECONCILIATION, ELIGIBILITY CHECKS, AND PREVENTS OVER EXPENDITURE. THE UNIVERSITY ALSO PARTICIPATES IN ANNUAL INDEPENDENT FINANCIAL AUDITS TO ENSURE COMPLIANCE. ALL SCHOLARSHIPS AND GRANTS TO DOMESTIC AND FOREIGN RECIPIENTS ARE DIRECTLY APPLIED TO THE RECIPIENTS' TUITION AND FEE RECEIVABLE ACCOUNT AND IS APPLIED TO ANY OUTSTANDING

N/A N/A N/A

N/A

N/A

N/A

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Page 2

Additional Data

DENVER, CO 80204

ARLINGTON, VA 22203

SUITE 100

THE NATURE CONSERVANCY

4245 NORTH FAIRFAX DRIVE

Software ID: Software Version:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

53-0242652

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
THE DENVER ART MUSEUM 100 WEST 14TH AVENUE PARKWAY	84-6038240	501(C)3	5,500,000		N/A	N/A	CONSTRUCTION

25,000

N/A

N/A

GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 83-4295300 501(C)3 6,926,632 N/A BARTON INSTITUTE FOR IGENERAL USE COMMUNITY ACTION 111F WEST 7TH AVENUE

SUITE 215 DENVER, CO 80204

FINANCIAL AID-FEDERAL SEOG PROGRAM 192 499,580 N/A FINANCIAL AID-FEDERAL SEOG PROGRAM 192 499,580 N/A 395 FINANCIAL AID-STATE PROGRAMS 1,846,164 N/A 2228 20,367,475 FINANCIAL AID-ENDOWED AND GIFT N/A IN/A FUNDED

N/A

IN/A

531,940

158,812,725

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

103

8240

FINANCIAL AID-GTA WAIVERS

GRANTS

FINANCIAL AID-INSTITUTIONAL EDUCATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.								
EDUCATIONAL AWARDS AND ASSISTANCE	688	2,941,364		N/A	N/A			
EDUCATIONAL AWARDS AND ASSISTANCE	688	2,941,364		N/A	N/A			
EMERGENCY FINANCIAL AID TO STUDENTS -	1587	2,313,135		N/A	N/A			

_ _ _ _ _ _ _ _ _

efil	e GRAPHIC pi	rint - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9313	3048	771
Sch	edule J	Cor	npensati	ion Information	ОМ	B No.	1545-0	0047
(Forr	n 990)		Compensa nization answ	rustees, Key Employees, and Highes Ited Employees Iered "Yes" on Form 990, Part IV, lind Ito Form 990.	e 23.	2019		
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>/Form990</u> for	instructions and the latest informati	on. O		to Pul ectio	
Nar	ne of the organiz			Em	ployer identificat			
UNI	VERSITY OF DENVER	₹		84-	0404231			
Pa	rt I Questi	ons Regarding Compensation	on	101	0 10 1231			
							Yes	No
1a				the following to or for a person listed on y relevant information regarding these ito				
		s or charter travel	\checkmark	Housing allowance or residence for pers	onal use			
	_	companions		Payments for business use of personal r				
		nification and gross-up payments	✓	Health or social club dues or initiation fe				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffeur	r, chef)			
b				follow a written policy regarding paymen ve? If "No," complete Part III to explain	t or	1 b	Yes	
2				or allowing expenses incurred by all	- 2	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Line 1a	ar			
3	organization's C	EO/Éxecutive Director. Check all th	hat apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in Pa	art III.			
	✓ Compens	ation committee	✓	Written employment contract				
	_ '	ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensation	committee			
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the filing	organization or a			
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a		No
b	Participate in, o	r receive payment from, a supplem	nental nonqual	ified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	ir res to any t	or liftes 4a-c, list the persons and p	novide the app	micable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section / ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section / ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes,"	describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described i	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descri · · · · · · · · · · · · · · · · · · ·		8		No
9				presumption procedure described in Reg		9		
For F	Paperwork Redu	iction Act Notice, see the Instri	uctions for Fo	orm 990. Cat. No. 5005	3T Schedule J	(Form	990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page 3								
Part III Supplemental Info	• •								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									
Return Reference	Explanation								
PART I, LINE 1A	THE UNIVERSITY PROVIDES CHANCELLORS REBECCA CHOPP AND JEREMY HAEFNER WITH A TAXABLE HOUSING ALLOWANCE. THE UNIVERSITY PROVIDES HOUSING FOR LILIANA RODRIGUEZ FOR THE CONVENIENCE OF THE UNIVERSITY. THE HOUSING IS NOT INCLUDED IN TAXABLE COMPENSATION. CHANCELLORS REBECCA CHOPP AND JEREMY HAEFNER BOTH RECEIVED COMPANION TRAVEL DURING THE YEAR. IN LIMITED INSTANCES WITH DOCUMENTATION FOR THE BUSINESS PURPOSE FULFILLED BY THE COMPANION AND ANY REQUIRED PRIOR APPROVALS, THE UNIVERSITY WILL PAY FOR TRAVEL EXPENSES OF A COMPANION WHEN THE COMPANION TRAVEL IS FOR A BONA FIDE BUSINESS PURPOSE, AND IMPORTANT TO THE ACHIEVEMENT OF THE UNIVERSITY'S PURPOSES THAT REQUIRE THE TRAVEL OF THE EMPLOYEE AND COMPANION. REBECCA CHOPP RECEIVED A COUNTRY CLUB MEMBERSHIP DURING THE YEAR. CERTAIN EMPLOYEES RECEIVE ATHLETIC/COUNTRY CLUB MEMBERSHIPS AS PART OF THEIR COMPENSATION. THE NON-BUSINESS USE PORTION OF THE MEMBERSHIP IS RECORDED AS TAXABLE EARNINGS TO THE EMPLOYEE.								
PART I, LINE 4B	CRAIG WOODY RECEIVED A TAXABLE DISTRIBUTION FROM HIS 457(F) PLAN OF \$40,337. KARLETON CREECH - PARTICIPATION IN 457(F) PLAN - \$31,000 CRAIG WOODY - PARTICIPATION IN 457(F) PLAN - \$6,000								
SCHEDULE J, PART II, LINES 1 & 2	REBECCA CHOPP SERVED AS CHANCELLOR FOR THE UNIVERSITY THROUGH 7/14/2019. JEREMY HAEFNER BECAME CHANCELLOR FOR THE UNIVERSITY ON								

Schedule 1 (Form 990) 2019

Software ID: Software Version:

EIN: 84-0404231

Name: UNIVERSITY OF DENVER

orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1REBECCA CHOPP CHANCELLOR THRU	(i)	670,429	85,000	109,260	41,400	13,727	919,816	0
7/14/19	(ii)	0	0	0	0	0	0	0
1JEREMY HAEFNER CHANCELLOR	(i) (ii)	563,429	0	48,840	41,400	18,979	672,648	0
2 KARLTON CREECH VICE CHANCELLOR	(i)	353,223	0	8,340	72,400	15,913	449,876	0
	(ii)	0	0	0	0	0	0	0
3DAVID GORDON CARLE HEAD COACH	(i) (ii)	297,779 0	85,000	11,818	22,400 	13,392 	430,389 	0
4GREGG KVISTAD PROVOST EMERITUS -	(i)	392,522	0	0	22,400	7,867	422,789	0
FORMER PROVOST	(ii)	0	0	0	0	0	0	0
5 CRAIG WOODY FRMR TREAS - SNR VICE CHANC	(i)	353,308 	0	5,500 	47,400 	6,973 	413,181	0
6BRUCE SMITH	(ii) (i)	0 352,642	0	0	0 22,400	0 23,109	0 398,151	0
DEAN	(ii)	0			22,400	23,109	390,131	
7 JACK STRAUSS	(i)	325,391	0	2,744	19,927	42,780	390,842	0
PROFESSOR	(ii)	0			0		0	
8MARTIN KATZ SNR ADV ACDMC INNOV -	(i)	353,566	0	800	22,400	10,383	387,149	0
FORMER DEAN	(ii)	0	0	0	0	0	0	0
9 NANCY NICELY SECRETARY - CHIEF OF STAFF	(i)	342,439	0	1,440	22,400 	18,942 	385,221	0
10JAMES HOLSTON	(ii) (i)	309,670	0	1,080	22,400	0 31,480	0 364,630	0
DEAN	(ii)	0	0	0	0	0	0	0
11SHARON LASSAR PROFESSOR	(i)	311,231	0	948	22,400	1,326	335,905	0
	(ii)	0	0	0	0	0	0	0
12PAUL CHAN UNIVERSITY COUNSEL	(i)	290,069	0	840	22,400	20,663 	333,972 	0
42CHRICTORHED HILL	(ii)	0	0	0	0	0	0	0
13 CHRISTOPHER HILL ADVISOR TO THE CHANCELLOR	(i)	288,607	0	6,654 	22,400	15,951 	333,612	0
14DONALD HARRIS	(ii) (i)	271,245	0	0 1,440	0 22,400	0 24,910	0 319,995	0
VICE CHANCELLOR	(ii)	0			0	0	0	0
15LILIANA RODRIGUEZ VICE CHANCELLOR	(i)	216,949	0	0	18,143	70,996	306,088	0
	(ii)	0	0	0	0	0	0	0
16 KEYARMIN AFSAHI VICE CHANCELLOR	(i)	260,350	0	7,040	20,920	5,089	293,399	0
17LESLIE BRUNELLI	(ii) (i)	200,183	0	0 	16.000	10.733	0	0
TREASURER - SENIOR VICE CHANCELLOR	(ii)	0		54,444	16,000	10,733	281,360 	
18TODD RINEHART VICE CHANCELLOR	(i)	230,988	0	6,900	19,317	23,637	280,842	0
	(ii)	0	0	0	0	0	0	0
19ELRIE LABRENT CHRITE FORMER DEAN	(i)	198,382	0	0	16,041	34,395 	248,818	0
	(ii)	0	0	0	0	0	0	0

(B) Breakdown of W-2 and/or 1099-MISC compensation (A) Name and Title (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21VIVEK CHOUDHURY 156,812 25,000 47,587 12,800 5,718 247.917 DEAN (ii) 1JAMES GRIESEMER 203,115 720 17,370 24,591 245,796 TRUSTEE - PROFESSOR 218,889 990 17,046 7,355 244,280 DAVID ETHAN GREENBERG VICE CHANCELLOR 3LAURA MARESCA 214,477 17,209 703 232,389 VICE CHANCELLOR (ii) **4**ANDREW CULLEN 209,506 720 16,835 1,009 228,070 ASSISTANT TREASURER -CONTROLLER 5JAMES ROSNER 179,408 900 15,273 19,983 215,564

6,900

14,512

181,494

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

160,082

ASSOCIATE VICE CHANCELLOR

DOPPES

MARGARET BRADLEY

SNR ADV TO CHNCLLR-FRMR VICE CHNCLLR

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Supplemental Information on Tax-Exempt Bonds

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

> ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No. 1545-0047

DLN: 93493133048771

Inspection

	e of the organization VERSITY OF DENVER								Em	ployer ide	ntificati	on numb	er	
									84-	0404231				
Pa	rt I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descrip	otion of purpose	(g)	Defease	be	n) On half of ssuer		Pool ncing
									Ye	s No	Yes	No	Yes	No
Α	COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2013	84-0896727	19645RSR3	03-01-2013	24,1	.59,389	REFUNDING SE	RIES 2005B BOI	NDS	X		Х		Х
В	COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2007	84-0896727	1964584T7	10-10-2007	45,8	339,717	REFUNDING SE 2005B BONDS	RIES 2001A ANI	D	X		Х		Х
С	COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2014A	84-0896727		09-01-2015	29,0	75,000	REFUNDING SE AND 2014A CAR INTEREST		NDS	X		Х		Х
D	COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2014B	84-0896727		03-01-2016	12,5	500,000	REFUNDING SE	RIES 2005B BOI	NDS	X		Х		Х
Pa	rt II Proceeds				_		<u> </u>		<u>'</u>	•		•	•	
_	0					Α		В		С			D	
1	Amount of bonds retired					5,015	5,000			16,26	5,000		5,4	460,000
	Amount of bonds legally defease													
3	Total proceeds of issue					24,159	9,389	45,839,717		29,07	5,000		12,5	500,000
4	Gross proceeds in reserve funds													
5	Capitalized interest from procee													
6	Proceeds in refunding escrows .													
7	Issuance costs from proceeds .					245	5,452	321,631		28	1,888			120,910
8	Credit enhancement from proce							698,000						
9	Working capital expenditures from													
10	Capital expenditures from proce													
11	Other spent proceeds Other unspent proceeds					23,913	3,938	44,820,085		28,79	3,113		12,3	379,090
12	Year of substantial completion .				1					2015			2016	
13	rear of substantial completion .			• •	Yes	013		2007	Yes	2015 N		V	2016	N -
14	Were the bonds issued as part o	of a current refunding	issue of tax-exempt		Yes	No		No		T N	•	Yes		No
	bonds (or, if issued prior to 201	8, a current refunding	j issue)?	·		X		X	Х			Х		
15	Were the bonds issued as part or bonds (or, if issued prior to 201	of an advance refundi 8, an advance refund	ng issue of taxable ing issue)?		Х		Х			>				Х
16	Has the final allocation of proce				Х		X		Х			Χ		
17	Does the organization maintain proceeds?				Х		Х		Х			Х		
Pa	rt Ⅲ Private Business Us				_									
						A		В		Ç			D	
					Yes	No	Yes	No	Yes	N	0	Yes		No

Was the organization a partner in a partnership, or a member of an LLC, which owned property

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

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Schedule K (Form 990) 2019

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d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

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Χ

Χ

No

Χ

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Χ

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Yes

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Schedule K (Form 990) 2019

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Yes

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No

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C

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

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

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

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

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

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

Yes

Χ

COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2007 DATE THE REBATE COMPUTATION WAS PERFORMED: 01/10/2017

No

Explanation

ISSUER NAME: COLORADO EDUCATION & CULTURAL FACILITIES - SERIES 2013 DATE THE REBATE COMPUTATION WAS PERFORMED: 03/12/2018 ISSUER NAME:

Χ

Yes

R

No

Yes

Χ

Page 3

Х

Nο

D

Nο

Yes

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

Schedule K (Form 990) 2019

period?

Part V

Part VI

PERFORMED

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493133048771 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** UNIVERSITY OF DENVER 84-0404231 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (i) Pool (e) Issue price (q) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No COLORADO EDUCATION & 84-0896727 19645R6D8 06-27-2017 133.026.969 ICONSTRUCTION. Χ Χ Χ RENOVATION, IMPROVEMENT AND **CULTURAL FACILITIES - SERIES** EQUIPPING OF CAMPUS 2017A IMPROVEMENTS Part ${f II}$ **Proceeds** C Α 2 138,555,264 4 5 11,851,860 6 7 1,070,109 8 9 10 111,177,524 11 12 14,455,771 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of Χ **Private Business Use** Part III Α C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

0 %

0 %

0 %

В

No

Yes

C

No

Yes

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Χ

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No

Χ

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Χ

Χ

Χ

Yes

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

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

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

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

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

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

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

Schedule K (Form 990) 2019

period?

Part V

Arbitrage (Continued)

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

		165	NO	165	NO	165	L
9	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х				Ĺ

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

^

Yes

Χ

No

Yes

No

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133048771 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization UNIVERSITY OF DENVER 84-0404231 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 0 APPRAISAL 1 Art—Works of art . . Χ Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,118,412 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, o	mation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization column (b), the number of contributions, the number of items received, or a combination of both. Also any additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS WAS USED IN PART I.
PART I, LINE 33:	DONATED WORKS OF ART ARE CONSIDERED COLLECTIONS UNDER THE UNIVERSITY'S POLICY. THE COLLECTIONS ARE HELD FOR PUBLIC EXHIBITIONS AND EDUCATION IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN.
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493133048771
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information fo r 990-EZ or to prov Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Brtherong UNIVERSITY OF DE	ENVER	emental Informatio			Employer identi 84-0404231	fication number
Return Reference	e 0, 3uppl	ementai Imormatio		Explanation		
FORM 990, PART VI, SECTION A, LINE 1	THE FUNC) THE CHA ER, IF THE ME CHAIR MPUS LIFE AND ATHL	TIONS AND POWERS C IR, CHAIR ELECT, AND SECRETARY OR TREA THE FOLLOWING COM EAND STUDENT SUCCE	OF THE BOARD ARE ALL VICE CHAIRS, 1 ASURER IS A TRUST MITTEES: FINANCE ESS, ADVANCEMEN' I SUCH ADDITIONAL	RSITY, BETWEEN SESSIONS (VESTED IN AN EXECUTIVE COOGETHER WITH THE SECRE EE, (B) THOSE TRUSTEES WHAND BUDGET, FACULTY AND T, NOMINATING AND GOVERN TRUSTEES AS THE CHAIR MA	OMMITTEE COMP TARY AND THE TI HO MAY FROM TIN EDUCATIONAL A NANCE, AUDIT, IN'	OSED OF (A REASUR ME TO TI FFAIRS, CA VESTMENT,

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING THE FISCAL YEAR, THE ORGANIZATION'S BYLAWS WERE UPDATED TO INCLUDE OR CHANGE THE FO LLOWING: THE ORGANIZATION'S NAME HAS BEEN CHANGED TO "UNIVERSITY OF DENVER". THE MAXIMUM N UMBER OF MEMBERS OF THE BOARD OF TRUSTEES HAS BEEN INCREASED TO 38 MEMBERS. THERE IS NO LO NGER A BYLAW THAT STATES NEW TRUSTEES (OR ANY OTHER BUSINESS) MUST BE APPROVED BY THE METH ODIST CHURCH.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORMS 990 AND 990-T ARE PREPARED BY AN INDEPENDENT AUDIT FIRM, CLIFTONLARSONALLEN LLP, USI NG INFORMATION PROVIDED BY MANAGEMENT. THE FORMS ARE THEN FORWARDED TO MANAGEMENT FOR REVI EW. THE FORM IS PRESENTED TO AND REVIEWED BY THE UNIVERSITY'S AUDIT COMMITTEE WHICH HAS THE AUTHORITY TO ACCEPT THE SUBMISSION AND REPORT TO THE EXECUTIVE COMMITTEE OR FULL BOARD OF TRUSTEES. A COMPLETE COPY OF FORM 990 IS MADE AVAILABLE ON A WEBSITE ACCESSIBLE BY MEMBE RS OF THE BOARD OF TRUSTEES AND TRUSTEES ARE NOTIFIED OF THE AVAILABILITY OF THE POSTED FORM 990 BEFORE FILING IS COMPLETED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE UNIVERSITY PROVIDES ALL TRUSTEES, OFFICERS, DEANS, AND DIRECTORS WITH A CONFLICT OF IN TEREST DISCLOSURE FORM ANNUALLY IN ACCORDANCE WITH BOARD POLICY. THE DISCLOSURE FORM ADDRE SSES TRANSACTIONS WITH INTERESTED PERSONS, COMPENSATION FROM RELATED ORGANIZATIONS, RELATI ONSHIPS AMONG TRUSTEES AND INDEPENDENCE OF TRUSTEES. ALL DISCLOSURES FROM STAFF ARE REVIEW ED BY THE UNIVERSITY'S INTERNAL AUDIT FUNCTION AND REPORTED TO THE SENIOR STAFF AND AUDIT COMMITTEE, IF APPROPRIATE. ALL DISCLOSURES FROM TRUSTEES ARE REVIEWED AND REPORTED ON THE FORM 990, IF APPROPRIATE, AND DISCLOSED TO THE UNIVERSITY'S AUDIT COMMITTEE. WHEN A CONFLI CT IS DISCLOSED, THE CHAIR AND THE BOARD OF TRUSTEES WORK TO RESOLVE THE CONFLICT WITH THE INDIVIDUAL. THE BOARD HAS THE FINAL AUTHORITY ON THE MATTER. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECUTIVE SESSION OF THE BOARD OR ITS EXECUTIVE COMMITTEE, AFTER INITIAL CONSIDERATION BY SECUTION B, THE COMPENSATION COMMITTEE. THE COMPENSATION OF THE UNIVERSITY'S CHANCELLOR IS DETERMINED	Return Reference	Explanation
BY UTILIZING DATA FROM SURVEYS AND OTHER PUBLISHED SOURCES ON COMPARABLE INSTITUTIONS. THE INITIAL COMPENSATION IS SET BY THE BOARD (AND REFLECTED IN THE CHANCELLOR'S EMPLOYMENT CO NTRACT) AND REVIEWED, AND ADJUSTED IF APPROPRIATE, ANNUALLY BY THE BOARD OR ITS EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DISCUSSED COMPENSATION FOR THE CHANCELLOR DURING DECEMB ER 2019. DELIBERATIONS AND DISCUSSIONS FOR THE COMPENSATION OF THE CHANCELLOR'S DIRECT REP ORTS ARE CARRIED ON BY THE COMPENSATION SUBCOMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENS ATION SUBCOMMITTEE REVIEWS MARKET DATA AND THE CHANCELLOR'S RECOMMENDATION FOR THE COMPENS ATION OF DIRECT REPORTS. THE CHANCELLOR'S DIRECT REPORTS INCLUDE THE PROVOST, GENERAL COUN SEL, AND ALL VICE-CHANCELLORS INCLUDED ON FORM 990 PART VII, SECTION A. DELIBERATIONS AND DISCUSSIONS REGARDING BUDGETED COMPENSATION POOLS FOR ALL EMPLOYEES INCLUDING TOP MANAGEME NT AND KEY EMPLOYEES, EXCEPT THE CHANCELLOR (CEO), ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE ANNUAL BOARD MEETING THAT APPROVES THE BUDGET FOR THE UPCOMING YEAR. THIS P ROCESS LAST TOOK PLACE IN JUNE 2019 FOR FISCAL YEAR 2020. COMPENSATION FOR ALL EMPLOYEES I NCLUDING TOP MANAGEMENT AND KEY EMPLOYEES IS REVIEWED ANNUALLY AS A PART OF THE UNIVERSITY 'S PERFORMANCE AND MERIT PROCESS.	PART VI,	EXECUTIVE SESSION OF THE BOARD OR ITS EXECUTIVE COMMITTEE, AFTER INITIAL CONSIDERATION BY THE COMPENSATION COMMITTEE. THE COMPENSATION OF THE UNIVERSITY'S CHANCELLOR IS DETERMINED BY UTILIZING DATA FROM SURVEYS AND OTHER PUBLISHED SOURCES ON COMPARABLE INSTITUTIONS. THE INITIAL COMPENSATION IS SET BY THE BOARD (AND REFLECTED IN THE CHANCELLOR'S EMPLOYMENT CO NTRACT) AND REVIEWED, AND ADJUSTED IF APPROPRIATE, ANNUALLY BY THE BOARD OR ITS EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DISCUSSED COMPENSATION FOR THE CHANCELLOR DURING DECEMB ER 2019. DELIBERATIONS AND DISCUSSIONS FOR THE COMPENSATION OF THE CHANCELLOR'S DIRECT REPORTS ARE CARRIED ON BY THE COMPENSATION SUBCOMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENS ATION OF DIRECT REPORTS. THE CHANCELLOR'S DIRECT REPORTS INCLUDE THE PROVOST, GENERAL COUN SEL, AND ALL VICE-CHANCELLORS INCLUDED ON FORM 990 PART VII, SECTION A. DELIBERATIONS AND DISCUSSIONS REGARDING BUDGETED COMPENSATION POOLS FOR ALL EMPLOYEES INCLUDING TOP MANAGEME NT AND KEY EMPLOYEES, EXCEPT THE CHANCELLOR (CEO), ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE ANNUAL BOARD MEETING THAT APPROVES THE BUDGET FOR THE UPCOMING YEAR. THIS P ROCESS LAST TOOK PLACE IN JUNE 2019 FOR FISCAL YEAR 2020. COMPENSATION FOR ALL EMPLOYEES I NCLUDING TOP MANAGEMENT AND KEY EMPLOYEES IS REVIEWED ANNUALLY AS A PART OF THE UNIVERSITY

Return Explanation
Reference

FORM 990, THE UNIVERSITY HAS ITS BOARD POLICIES AND CONFLICTS OF COMMITMENT AND INTEREST, AND THE FI NANCIAL STATEMENTS AVAILABLE ON THE UNIVERSITY'S WEBSITE. THE ORGANIZING DOCUMENTS ARE AVA SECTION C, ILABLE UPON REQUEST.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990. ACTUARIAL ADJUSTMENTS -614.435. PART XI.

LINE 9:

Return Explanation

Reference	
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R
Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNIVERSITY OF DENVER

Part I

Related Organizations and Unrelated Partnerships

Related Organizations and Officiated Fartherships

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

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

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

OMB No. 1545-0047

DLN: 93493133048771

2019

Open to Public Inspection

Employer identification number

84-0404231

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (s or foreign count	state try)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	l	
(1) HRGC AT DU LLC 9000 CREEKSIDE WAY HIGHLANDS RANCH, CO 80129 84-0404231	GOLF COURSE OPERATIONS	S	CO		3,347,791	4,658,449	UNIVERSITY OF DENVER		_
(2) KNOBEL EVENTS LLC 2199 S UNIVERSITY BLVD DENVER, CO 80208 84-0404231	EDUCATIONAL EVENTS/RESTAURANT		СО		308,400	0	UNIVERSITY OF DENVER		
									_
Part II Identification of Related Tax-Exempt Organizatio	ns. Complete if the erg	ıanizat	tion answored	L "Voc	s" on Form 900	Part IV line 34 h	possuse it had one or	moro	_
related tax-exempt organizations during the tax year.	ns. Complete if the org	jariizai	lion answered	1 165	5 UII FUI III 990	, Part IV, lille 34 L	recause it had one of	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal or fo	(c) domicile (state breign country)	Exem	(d) npt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
								Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Cat. No. 5013	5Y			Schedule R (Form	990) 2	019

(a) Name, address, and l related organizati	EIN of ion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelatea excluded fi tax unde sections 5 514)	ated, total incom d, rom er	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UB amount in b 20 of Schedule K (Form 1065	I Gen ox mar par -1 5)	tner?	(k) Percent owners
								Yes	No		Yes	No	
Identification of Related Or	ganizations Taxable as a G	Corporation	or Trus	t. Complet	e if the ord	nanization an	swarad "Va	s" on I	Form 9	990. Part 1	V. lin	o 34	
	lated organizations treated as	s a corporation	on or tru	st durina th	ne tax veai	r.	Swered re				,	C J .	
(a) Name, address, and EIN of related organization	lated organizations treated as (b) Primary activity	d (state	(c) Legal omicile or foreign	st during th	(d) ct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income	ıl Shar	(g) e of end year assets	-of- Per	(h) centage nership	s s	(i) ection 51 13) contr entity
(a) Name, address, and EIN of related organization	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	st during th	ne tax year (d) ct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b)	d (state	(c) Legal omicile or foreign	st during th	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13)	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of related organization ARITABLE REMAINDER TRUSTS (13) S UNIVERSITY BLVD	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes
(a) Name, address, and EIN of	(b) Primary activity	d (state	on or tru (c) Legal omicile or foreign ountry)	St during the Direct UNIV	(d) ct controlling entity ERSITY OF	(e) Type of entity (C corp, S corp,	(f) Share of tota	ıl Shar	(g) e of end year	-of- Per	(h) centage	s S	ection 51 13) contr entity Yes

Page **3**

Yes No

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

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	1a		No
Gift, grant, or capital contribution to related organization(s)	1 b		No
	1c		No
	1 d		No
Loans or loan guarantees by related organization(s)	1e		No
Dividends from related organization(s)	1f		No
Sale of assets to related organization(s)	1 g		No
Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	1 i		No
Lease of facilities, equipment, or other assets to related organization(s)	1j		No
Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
Sharing of paid employees with related organization(s)	10	Yes	
Reimbursement paid to related organization(s) for expenses	1 p		No
Reimbursement paid by related organization(s) for expenses	1 q		No
Other transfer of cash or property to related organization(s)	1r		No
	1s		No
	Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Exchange of assets with related organization(s) Execution of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Exerpromance of services or membership or fundraising solicitations for related organization(s) Exerpromance of services or membership or fundraising solicitations by related organization(s) Exharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Lease of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organ	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets to related organization(s) Purchase of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related or

р	p Reimbursement paid to related organization(s) for expenses	1 p		No							
q	q Reimbursement paid by related organization(s) for expenses	1 q		No							
r	r Other transfer of cash or property to related organization(s)	1r	İ	No							
s	s Other transfer of cash or property from related organization(s)	1s		No							
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)	(d) Method of determining amount involved									

Schedule R (Form 990) 2019

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 exc	clusion for certain inv	estment p	artnerships.							•			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	0	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtional allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2019

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