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

Return of Organization Exempt From Income Tax

| 29493 | 143111 | OMB No. 15

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

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

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

Open to Public

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020					
В	heck if	C Name of organization	D Employer identifi	ication number				
a	pplicabl	FOUNDATION FOR COLORADO COMMUNITY						
	Addre chang	SOLLEGEC						
F	Name chang	EQUINDATION FOR COLORADO COMMINI	T 84-10702	71				
	Initial	Number and street (or P 0 box if mail is not delivered to street address) Room/s						
F	Final	9101 F LOWRY BOILEVARD	720-858-					
	⊒return/ termin ated		G Gross receipts \$	1,751,961.				
	Amen		H(a) Is this a group r					
\ <u></u>	_lreturn ∏Applic			for subordinates? Yes X No				
L	_] tion pendir	SAME AS C ABOVE	H(b) Are all subordinates					
				list (see instructions)				
	ax-exe	e: HTTPS://WWW.CCCS.EDU/CCCS-FOUNDATION/	H(c) Group exemption	•				
				M State of legal domicile CO				
		Summary	ear or formation_ ± 20 / j i	VI State of legal dominione CO				
F1TC			RT THE MISSIO	N OF THE				
ø	1							
ä		COLORADO COMMUNITY COLLEGE SYSTEM BY CREATING						
Governance		Check this box If the organization discontinued its operations or disposed of m	l l	sets 14				
Š		Number of voting members of the governing body (Part VI, line 1a)	3					
<u>ن</u>		Number of independent voting members of the governing body (Part VI, line 1b)	4	14				
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0				
ΞĘ	6	Total number of volunteers (estimate if necessary) RECEIVED	6	65				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C) fine 12	7a	0.				
_	b	Net unrelated business taxable income from Form 990 pm ine 39	7b	0.				
		DEC 2 8 2020 C	Prior Year	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)	1,410,086.	1,658,922.				
Revenue	9	Program service revenue (Part VIII, line 2g) OGDEN, UT	0.	0.				
e e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,030.	93,039.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,518,116.	1,751,961.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,263,698.	1,246,950.				
	•	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,027.	26,336.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
oeu		Total fundraising expenses (Part IX, column (D), line 25) 18,341.						
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,542.	87,329.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,352,267.	1,360,615.				
		Revenue less expenses Subtract line 18 from line 12	165,849.	391,346.				
or	15	nevertible less expenses. Subtract line 10 hours line 12	Beginning of Current Year	End of Year				
ets o	20	Total assets (Part X, line 16)	4,442,012.	4,849,515.				
Sse Bal	20	Total liabilities (Part X, line 16)	549,604.	640,047.				
Net Asse	21	Net assets or fund balances Subtract line 21 from line 20	3,892,408.	4,209,468.				
		Signature Block	3,032,400:	1,203,1001				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the hest of my	knowledge and helief it is				
		ties of perjury, it declare that i have examined this return, including accompanying schedules and state, i, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.		, knowicage and benci, it is				
noe,	COLLEC	, and complete. Designation of preparer (order than order) is based on an information of which prepare	12/18/	20				
_		Suprature of officer	Date	<u> </u>				
Sigr			52.5					
Her	P	JON ADAM CERMAK, EXECUTIVE DIRECTOR Type or print name and title						
			Date Check	PTIN				
		Print/Type preparer's name Preparer's signature T.E.G.I.T.E. COLINIE CDN T.E.G.I.T.E. COLINIE CDN	1 1, 4					
Paid		LESLIE SCHAUS, CPA LESLIE SCHAUS, CPA	12/09/20 sell employ	P01078271				
Prep		Firm's name WIPFLI LLP	Firm's EIN >	39-0758449				
Use	Only	Firm's address > 14143 DENVER W PKWY #450	- 30	2 000 1000				
_		LAKEWOOD, CO 80401	Phone no 30	3.988.1900				
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

Form	n 990 (2019) COLLEGES	84-1070271	Page 2
Pa	rt III Statement of Program Service Accomplishments		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
'	TO SUPPORT THE MISSION OF THE COLORADO COMMUNITY COLLEGE	CACUEM DA	
	CREATING PARTNERSHIPS, DEVELOPING RESOURCES, AND ADVOCAT	ING FOR THE	
	VALUE OF A COMMUNITY COLLEGE EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Пvе	s X No
	•		J [22] .10
_	If "Yes," describe these new services on Schedule O		.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	5
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses,	and
	revenue, if any, for each program service reported	•	
4a	1 051 505		
40	TO PROVIDE STUDENT SCHOLARSHIPS AND SUPPORT EDUCATIONAL A		<u>, , , , , , , , , , , , , , , , , , , </u>
		TCTT VITIED A	
	VARIOUS COLORADO COMMUNITY COLLEGES.		
			
		,	
4b	(Code) (Expenses \$	ne \$	
40	(Code) (Expenses \$) (Revenue)	e a	
			
			
40	(Code) (Expenses S including grants of S) (Revenu	e \$	1
4c	(Code) (Expenses S including grants of S) (Revenue		
		· · · · · ·	
			•
			
			
	01		
4d	Other program services (Describe on Schedule O)	•	
	(Expenses S including grants of S) (Revenue S)	
4e	Total program service expenses ▶ 1,251,595.		
		Form !	990 (2019)

Form 990 (2019) COLLEGES

[PartilVi Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1 1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	}		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	-	<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	^	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	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			
,,	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I	17		X
18	Did the organization report more than \$15 000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15 000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
	If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_X_	
		Form	990	20191

FOUNDATION FOR COLORADO COMMUNITY 84-1070271 COLLEGES Page 4 Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes." complete Schedule L. Part IV Х 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule (D contains a response or no	ote to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and repor (gambling) winnings to prize winners?

				res	140
1a		6			
1b		0			
ortab	le gaming				
			1c	Х	
			Form	990	(2019)

932004 01-20-20

Page 5

+orm	990 (2019) COLLEGES		70271	F	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2.772				Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	1700	2.4.2	*****
24	filed for the calendar year ending with or within the year covered by this return	2a	0		27
	, , , , , , , , , , , , , , , , , , , ,		27/25136	5.20.39	30000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			<i>ದ್</i> ರಿ€ಿಡ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
3a	Did the organization have unrelated business gross income of \$1 000 or more during the year?		3 <u>a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	ANN COMMAN	X
b	If "Yes," enter the name of the foreign country		_ KG	134	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)	تقصير		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5a	٦	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
С	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	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?	· ·	6a		X .
h	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or aifts			
	were not tax deductible?		6b		
7			33323		161
7	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 se	ruces provided to the pay	or? 7a	3343333	X
а		i vices provided to the pay	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		x
	to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		II AND	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February		<u>7g</u>		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	SNISTA POSS	Sampagnan a
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8_		1 1000 000
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				1337
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	35.5		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7.19	
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			Year.	
~.	amounts due or received from them)	11b		数月	
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	- COMMEN	senside!
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	3334	and i	CHA
	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]			
13	, ,, , ,		13a	20.025 54.4. 29.	Dec >1633 rd
а	Is the organization licensed to issue qualified health plans in more than one state?		134	dare 19	20 FEB. 20
	Note: See the instructions for additional information the organization must report on Schedule O			100 MZ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.0.1			NAME OF THE PERSON OF THE PERS
	organization is licensed to issue qualified health plans	13b		***	
-	Enter the amount of reserves on hand	13c	\$\frac{1}{2}\lambda	:5/2/5	24.00×1
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15	16.5	X
	If "Yes," see instructions and file Form 4720 Schedule N		**	Y'ad	ESS
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
_	If "Yes," complete Form 4720, Schedule O		金额	7. A.	
		-	Form	990	(2019)

84-1070271 COLLEGES Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O 14 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a Х 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another s website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 THE ORGANIZATION - 720-858-2802 9101 E LOWRY BOULEVARD, DENVER, 80230

Form 990 (2019)

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		า than เ	one	Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	son	s both	าลก	compensation	compensation	amount of
	week	\vdash	cer ar	0 0 0	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	p 10 6	<u> </u>			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	Itrus		_ g	ng L		(44-27 1055-14113C)		and related
	below	dual	tiona	_	l gd	s co				organizations
	line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former			
(1) KATHRYN ALBRIGHT	1.00									
CHAIR		X		X		L		0.	0.	0.
(2) CHRISTINNE JOHNSON	1.00									
TREASURER		Х		Х	L	<u> </u>	L	0.	0.	0.
(3) DR JOHN TREFNY	1.00								_	_
SECRETARY		X		X		$oxed{oxed}$		0.	0.	0.
(4) JOE GARCIA	0.50						i		_	_
EX-OFFICIO VOTING MEMBER		X						0.	0.	0.
(5) RICHARD RUSH	0.50							_	_	_
DIRECTOR		Х					ļ	0.	0.	0.
(6) DOUG SCHNEIDER	0.50							_		_
DIRECTOR		Х					L.,	0.	0.	0.
(7) CAROLYN SCHAEFER WOLLARD	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) MARY SPILLANE	1.00							_		_
VICE CHAIR		Х						0.	0.	0.
(9) MICHAEL BEASLEY	0.50									
DIRECTOR		Х	Щ					0.	0.	0.
(10) DR LANCE BOLTON	0.50									
EX-OFFICIO VOTING MEMBER		Х						0.	0.	0.
(11) FRED COLEN	0.50								0	•
DIRECTOR	0.50	Х						0.	0.	0.
(12) JANICE FRITSCH	0.50	,,							0	_
DIRECTOR	0.50	Х						0.	0.	0.
(13) CAROLYN VITALE	0.50	,,							0	
DIRECTOR	0.50	Х	\vdash			Н	_	0.	0.	0.
(14) HANNA SKANDERA	0.50	х						0.	0.	0.
EX-OFFICIO VOTING MEMBER	40.00	Λ		_		Н		0.	- 0.	
(15) JON ADAM CERMAK EXECUTIVE DIRECTOR	40.00			х				0.	0.	0.
EXECUTIVE DIRECTOR		\dashv		<u> </u>		\vdash		0.	0.	
		\dashv		\dashv		\vdash	\vdash			
	-				i					
	1					ш	$\overline{}$			L

Form 990 (2019)

\sim	\sim	т	т	E	c	c	c
L	v	ш	ы	L	G	c	2

Par	T VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	ompensated Employed	s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average		Pos		1 than	one	Reportable	Reportable			stimate		
		hours per week					is bot or/trus		compensation	compensation		an	nount	
		(list any	\vdash	Ť	П	T	Ť	Ė	from the	from related organizations		com	other pensa	
		hours for	director				-		organization	(W-2/1099-MIS			rom th	
		related	20 93	stee			nsate		(W-2/1099-MISC)	(,,, =, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	org	janizat	ion
		organizations	trus	la tru	İ) hee	ompe		`			an	d relat	ed
		below	Individual trustee or	Institutional trustee	l is	Key employee	Highest compensated employee	Former				orga	anızatı	ons
		line)	亨	<u> </u>	Officer	Ke	돌	휸						
			1									İ		
			<u> </u>	\vdash	⊢	┢	-	┢				<u> </u>		
			┨	1										
		-	├	┢	┢	-	╁	╀						
			┨			•					ļ			
		 	┢	 	┢		╁╌	-						
			1											
	-		┢	 	 		\vdash	\vdash	_		\neg			
			1											
		<u> </u>			\vdash			t			\neg	_		
			1											
							l							
	·						L	L						
						1		l						
		l	L	L		l	<u> </u>							
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.	L		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ا مم	(AV 6	amnl	ove	e or	hia	hest compensated emp	lovee on	1			
3	line 1a? If "Yes," complete Schedule J for s		CC, 1	cy c	siripi	Oye	Ç, Ui	ıııy	nest compensated emp	loyee an		3		X
4	For any individual listed on line 1a, is the su		e co	mne	ensa	tion	and	oth	ner compensation from t	ne organization				
•	and related organizations greater than \$150	· ·								og		4		X
5	Did any person listed on line 1a receive or a									fual for services	-			
	rendered to the organization? If "Yes." com					-			.			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m .	
	the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin	the organization's tax y	ear				
	(A)							- 1	(B)		_	(C		
	Name and business	address	NO	ONE	3				Description of s	ervices		ompe	rsatio	<u> </u>
		<u> </u>									—			
										1				
	<u> </u>													
			-					\dashv						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received me	ore than				
_	\$100,000 of compensation from the organiz	•					_		·					
												Form	990 (i	2019)

FOUNDATION FOR COLORADO COMMUNITY 84-1070271 COLLEGES Page 9 Form 990 (2019) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue lbusiness revenue sections 512 - 514 1 a Federated campaigns 1a 1b **b** Membership dues . c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 1,658,922 similar amounts not included above | 1g|\$ O Noncash contributions included in lines 1a-1f 658,922 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 78,658. 78,658. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 14,381. assets other than inventory **b** Less cost or other basis and sales expenses Revenue 14,381. c Gain or (loss) 14,381. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances

932009 01-20-20

751,961

10b

Business Code

d All other revenue

Total. Add lines 11a-11d

Total revenue See instructions

b Less cost of goods sold

c Net income or (loss) from sales of inventory

Ranti X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, , Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations 1,246,950 1,246,950 and domestic governments. See Part IV, line 21-Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,336. 26,336. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 1 10 Fees for services (nonemployees) Management Legal 24,754. 24,754 Accounting Lobbying Professional fundraising services. See Part IV, line 17, 22,463. 22,463. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 4,085 column (A) amount, list line 11g expenses on Sch O.) 4,085 12 Advertising and promotion 11,928. 11,928. Office expenses 13 Information technology 14 Royalties -15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,299. 3,299 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) $9,\overline{720}$ 9,720 DONOR CULTIVATION 4,818. PROFESSIONAL DEVELOPMEN 4,818. 4,536. SUBSCRIPTIONS 4,536. COLLEGE TRAINING & 346. 1,346. 380. 380. e All other expenses 1,251,595. 90,679. 1,360,615. 18,341. Total functional expenses. Add lines 1 through 24e 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)

84-1070271 Page 11 COLLEGES Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 296,522. 2 Savings and temporary cash investments 271,668. 2 597,030 460,988 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 3,709,356. 3,955,963. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 4,442,012. 4,849,515. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 29,823. 44,623. 17 17 Accounts payable and accrued expenses 545,424. 469,781. 18 18 Grants payable 50,000. 50,000. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35%' 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 549,604 640,047 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 or Fund Balances and complete lines 27, 28, 32, and 33. 569,694. 617,703. 27 Net assets without donor restrictions 274,705 639,774 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30

4,849,515. Form 990 (2019)

4,209,468.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3,892,408.

4,442,012.

31

32

Form	990 (2019) COLLEGES	84-10	70271	Page 12
Ŗa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,751	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,360	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,346.</u>
4	Net assets or fund balances at beginning of year (must equal Part X line 32, column (A))	4		<u>,408.</u>
5	Net unrealized gains (losses) on investments	5	<u> </u>	<u>,286.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	4,209	<u>,468.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			N 2052 10	/es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		- 12.31	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			123
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		Section 2
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?			X X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		l 3b l	1

Form 990 (2019)

· SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. FOUNDATION FOR COLORADO COMMUNITY

Open to Public Inspection Employer identification number

OMB No 1545-0047

Name of the organization 84-1070271 COLLEGES Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 L A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's hame, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported

(described on lines 1 10 support (see instructions) support (see instructions) organization No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 COLLEGES 84-1070

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 -	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")	2100633.	2928854.	1530913.	1410086.	1658922.	9629408.
2	Tax revenues levied for the organ-	,			,		
_	ization's benefit and either paid to	,					
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge	209,202.	236,128.	307,633.	335,543.	386.814.	1475320.
4	Total. Add lines 1 through 3	2309835.	3164982.	1838546.	1745629.		11104728.
	The portion of total contributions		AND CALLEY	8888 EVE			
5	by each person (other than a						•
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	K. 77 C. 25					2886335.
_	column (f)						8218393.
	Public support, Subtract line 5 from line 4 ction B. Total Support	Editoria (Maria)	Production and the second	Mar British and Carlot			0210373.
		() 0045	4) 0016	(-) 0017	(4) 0010	4-3 0010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015 2309835.	(b) 2016 3164982.	(c) 2017 1838546.	(d) 2018 1745629.	(e) 2019	11104728.
	Amounts from line 4	2303033.	3104302.	1030340.	1/45025.	20437301	11104/20.
8	Gross income from interest,						,
	dividends, payments received on			;			
	securities loans, rents, royalties,	24 670	36 066	E2 EE0	100 020	03 030	316,173.
	and income from similar sources	24,679.	36,866.	53,559.	108,030.	93,039.	310,1/3.
9	Net income from unrelated business	Ì					
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	1 000					1 020
	assets (Explain in Part VI)	1,030.	e. 1.06 27 58 6/3a - 8	THE WITHOUT PLANTS AND A SERVICE TO	\$400 \CQ225\Z\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4-147 - 202007 DOLENGO - MANES - N	1,030.
	Total support. Add lines 7 through 10	86530736_A30					11421931.
	Gross receipts from related activities,				į	12	
13	First five years. If the Form 990 is for	_	first second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
<u>~</u>	organization, check this box and stop	here					
	ction C. Computation of Publi				_	1	71 05
	Public support percentage for 2019 (I			olumn (f))		14	71.95 %
	Public support percentage from 2018					15	70.35 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		_				ightharpoons X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						> []
17a	10% -facts-and-circumstances test	- 2019. If the orga	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test check the	s box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoonup
b	10% -facts-and-circumstances test	- 2018. If the orga	anızatıon did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	ın Part VI how the	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						▶□
						dule A (Form 990	

Part III | Support Schedule for Organizations Describe

Pa	rt III Support Schedule for (Organizations	Described in	Section 509(a)	(2)		
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under F	Part II If the organiz	ation fails to
_	qualify under the tests listed b	elow, please comp	olete Part II)				/
	ction A. Public Support		T · · ·	 	· -	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					1	/
	membership fees received (Do not						/
	include any "unusual grants ")					 	<i>/</i>
2	Gross receipts from admissions,					/	1
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	-	·	 	· · · · · · · · · · · · · · · · · · ·	 /	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		 		 	1	-
4	Tax revenues levied for the organ-				/		
	ization's benefit and either paid to				/		
_	or expended on its behalf				 	 	
5	The value of services or facilities				/		
	furnished by a governmental unit to				/		
_	the organization without charge			 	/		
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and			 		-	
/ a	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received			 			
	from other than disqualified persons that	İ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					İ	
	Add lines 7a and 7b			1/			
	Public support. (Subtract line 7c from line 6)			/			
	tion B. Total Support						
Cale	ndar 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,		/			1	
	and income from similar sources		/				
b	Unrelated business taxable income	/	1	i			
	(less section 511 taxes) from businesses	/	İ				
	acquired after June 30, 1975			<u> </u>			
С	Add lines 10a and 10b			<u> </u>			
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					İ	
	regularly carried on	/					
12	Other income Do not include gain or loss from the sale of capital	1					
	assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)			L		I	
14	First five years. If the Form 990 is for	r the organization s	s first, second, thii	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız:	ation,
	check this box and stop here	0 + 5					<u> </u>
_	tion C. Computation of Publi		. 			T1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018 tion D. Computation of Inves				·-	16	%
						12	%
	Investment income percentage for 20	•		ine 13, column (i))		18	
	Investment income percentage from			on line 14, and line	15 is more than 3		
198	33 1/3% support tests - 2019. If the more than 33 1/3% check this box ar						, 13 Hot
L	33 1/3% support tests - 2018. If the						nd
O C	line 18 is not more than 33 1/3%, che						▶ 🗀
.20	Private foundation. If the organization						
	ate ioundation, it the organization	c.cor oricon a		-,, -, -, -, -, -, -, -, -, -, -, -, -,		edule A (Form 990	

| Yes | No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C Form 4720, to determine whether the organization had excess business holdings.

		Yes	No
		1988	
		100	All de
	1 1		
	38.4 T. B.	(3883)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	100		
	2		
	F104 * 3555X	5 5598207.43	3803723.31
		31111	
	За		
	200000035	20.42300	90232309
		ES	
		100	
		Britania i	2240-0000
	3b	40000	35-45-030-030 2
	1		
	3c	ታማ ለነውን ግን	986 414.3
		26k	1000
	4a		
	222.42.42	BADDA'S	(244,1759
,		*******	20010022214
	4b	\$5e[nex==	(VECHEROL AI
		1000	
	7		
	4C	13052	
		1100	
	4		
			7
	Ea		
	5a	Tracerosissa.	1-6/t-boy/schud
	3000		
	5b		
	5c	V 25 6 25 45	428038AA
			35.7
	100		
	30 (4.7)		
		***************	A COMMISSION OF THE PARTY OF TH
	6	20000221 E	G. 15/8/25 4
			深刻
		33.80	
		1272	***************************************
	7		
		1.6536T	N.K.
		-	adalar Edil
	8 277 372	Z er.	.545064 4
	3.49	4	2.35
		PROPERTY.	
	9a		
			(-888)
		11.125	12 Minus
	9b		3/ 28 4/4
	9.5000X	1. S.	
		william of the	Address of the State of the Sta
	9c	1/0 2.5	3 the same
		2 3	
	[327]	13,775	新
		********	كشنشنسد
	10a		4
		\$0.8°	論對
	10b	لــــــا	
n 9	90 or 99	0-EZ)	2019

Sche	edule A (Form 990 or 990-EZ) 2019 COLLEGES	04-10/02/	<u> </u>	age 5
Ŗa	Supporting Organizations (continued)			Г
		3420 544	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	8.33	250A	in Take
	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. tion B. Type I Supporting Organizations	1110	<u> </u>	L
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	W 1273		10
•	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,			į,
	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	11		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1.2	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			г
		F04-6508	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		1,763	312-7
	or management of the supporting organization was vested in the same persons that controlled or managed		12.000	28.310
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		<u> </u>	L
000	tion b. All Type in 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	100 M	100 M	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	i i		
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	70.71	T.".	100
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			2.4
	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		to t	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		8. S.	
	supported organizations played in this regard.		l	L
Sec	tion 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 ins	tructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	t	1	
с 2	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test Answer (a) and (b) below.	y (see instructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Mary 11		N
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b		0 22 2
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	gogra ar	/Eg n N 24
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	## 25.5.5.	ثكث	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b		

•Sche	edule A (Form 990 or 990-EZ) 2019 COLLEGES		8	4-1070271 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in P	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		,	,
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	76 SM		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	:A68		
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,	ł		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	A THE CHARLES AND A SHARE SHARES	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	######################################	
٠4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			,
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 COLLEGES			4-10/02/1 Page 7
Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization:	s	
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 t	he organization is responsive	!	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6	ı		
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Sect	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		he h n x aromodus - March 2000, he had 00000000000000000000000000000000000		Amount for 2010
1	Distributable amount for 2019 from Section C, line 6		在579863年3月	ELECTRONICO CONT. TRESPECTO. CREUDOS TR. L. MONT.
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions		The same of the sa	
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017		A CANADA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MA	
е	From 2018			
f	Total of lines 3a through e			
. <u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	•		
4	Distributions for 2019 from Section D,			
	line 7 \$	6"124" (A FA A A A A A A A A A A A A A A A A A		
a	Applied to underdistributions of prior years		•	
b	Applied to 2019 distributable amount	RESERVANCE PROPERTY.	WAS SERVICE OF THE SE	
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			,
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2015	区等的基本的		
<u>b</u>	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018	新加州的	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	で発展する。
	Excess from 2019	ETT THE STATE OF T	AND CONTRACTOR OF THE PARTY OF	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 COLLEGES	84-10/02/1 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b. Part III. line 12
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a 9b, 9c, 11a, 11b, and 11c, Part IV, Section B,	lines 1 and 2. Part IV. Section C.
	line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V line 1,	Part V. Section B. line 1e. Part V.
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any a	dditional information
	(See instructions)	
-		
	,	
1		
	•	
	·	
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR COLORADO COMMUNITY **COLLEGES**

Employer identification number 84-1070271

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements	Art Historical Transvers or Ot	hay Cimilar Assats
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	<u>-</u>	
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures or other similar assets held for public	exhibition, education, or research in turth	nerance of public service,
	provide the following amounts relating to these items		~ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		Danie provide
2	If the organization received or held works of art, historical trea		i gain, provide
	the following amounts required to be reported under FASB AS	SO SOR relating to these items	~ ¢
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990 Part X		> \$

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

932051 10-02-19

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 COLLEGE						70271		age 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Simila	r Asset	s (continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply)								
а	Public exhibition	d	Loan or exc	hange program					
ь	Scholarly research	е	Other						
c	Preservation for future generations	•							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exc	emnt nurne	se in Part	XIII		
5	During the year, did the organization solicit of	· ·	•	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
3	to be sold to raise funds rather than to be ma				a assets		Yes		No
Dai	t IV Escrow and Custodial Arran				- Carre 00	O Dovt IV	_		1 140
1 41	reported an amount on Form 990, Pa		ete ii the organizatio	n answered ites o	n Form 99	u, mart iv,	iirie 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included		——————————————————————————————————————		٦.
	on Form 990, Part X?					L_	_ Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				_1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ulity?		Yes		No
	If "Yes," explain the arrangement in Part XIII	, ,	•		•				i
Par									4
	- Complete	(a) Current year	(b) Prior year	(c) Two years back	Т —	years back	(e) Four	/earc	hack
4.	Beginning of year balance	3,131,782.	2,789,060.	2,177,115.		84,884.	-		404.
1a	• • •	427,648.	362,875.	478,795.	+	125,000.	 		700.
b	Contributions		•	<u> </u>	 	85,510.	 		
C	Net investment earnings, gains, and losses	-20,731.	129,761.	158,050.	 		-		137.
d	Grants or scholarships	150,660.	149,914.	24,900.	 	18,279.	-	37,	357.
е	Other expenditures for facilities								
	and programs				<u> </u>				
f	Administrative expenses				ļ				
g	End of year balance	3,388,039.	3,131,782.	2,789,060.	2,1	177,115.		84,	884.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 64.00	%							
С	Term endowment ► 36.00								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posse		tion that are held ar	id administered for t	he organiz	ation			
	by	· · · · · · · · · · · · · · · · · · ·			•		<u> </u>	/es	No
	(i) Unrelated organizations						3a(ı)		X
	(ii) Related organizations						3a(ii)	一	Х
L.	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule P?				3b	\dashv	<u></u>
		· ·					[30]		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vinent iunus						
Fai				5 000 D					
	Complete if the organization answered		1			. r			
	Description of property	(a) Cost or of	1 ' '	1 ' '	Accumulate		(d) Book	value	;
		basis (investm	ient) basis	(other) de	epreciation		.		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other				-				
	Add lines 1a through 1e (Column (d) must en	nual Form 990 Part)	Column (B) line 1	Oc.)		•			0.
. 5.01		HARLI MILL SOV. I ALC.	. committee in the in	· · · · · · · · · · · · · · · · · · ·	•				

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 COLLEGES			84-1070271 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	ation Cost or end-of-year market value
(1) Financial derivatives		'	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u>l</u>	<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valua	ation Cost or end-of-year market value
<u>(1)</u>	ļ		
(2)	 		
(3)			
(4)			
(5)	 		
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(8)	 		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>; 15.) </u>		Pi
<u></u>	F 000 D-+N/ I	14 · · · 14(O · · F · · · 00	O. Bark V. hara OS
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	i le or i it See Form 99	(b) Book value
· · · · · · · · · · · · · · · · · · ·		<u> </u>	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)		···	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			<u> </u>
2 Liability for uncertain tax positions. In Part XIII, provide		=	
organization's liability for uncertain tax positions under	FASB ASC 740 Check her	re if the text of the footn	ote has been provided in Part XIII
			Schedule D (Form 990) 2019

COLLEGES 84-1070271 Page 4 Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,042,026. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 -74,286. a Net unrealized gains (losses) on investments 2a 386,814. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII) 312,528. 2e e Add lines 2a through 2d 729,498. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 22,463. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b 22,463. c Add lines 4a and 4b 4c 1,751,961. Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,724,966. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 386,814. a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 386,814. e Add lines 2a through 2d 2e 1,338,152. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 22,463. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b 22,463. c Add lines 4a and 4b 4c 1,360,615. Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number

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

FOUNDATION FOR COLORADO COMMUNITY

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

° □ 84-1070271 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the organization maintain for the grants or assistance General Information on Grants and Assistance COLLEGES

)	פליכי ייי כי שנייי בייי בייי בייי בייי בייי בייי בי		
crit	criteria used to award the grants or assistance?	ш	1 1
De	. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
artII	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any		ı
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed		

1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (if applicable) cash grant	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PIKES PEAK COMMUNITY COLLEGE FOUNDATION - 5675 S. ACADEMY BLVD							
- COLORADO SPRINGS, CO 80906	74-2182257	501C3	178,215.	0.			SCHOLARSHIPS
FRONT RANGE COMMUNITY COLLEGE FOUNDATION - 3645 W, 112TH AVE ~							
WESTMINSTER, CO 80030	84-1311148 501C3	50103	227,750.	0			SCHOLARSHIPS
COMMUNITY COLLEGE OF DENVER FOUNDATION - PO BOX 1733363 -							
DENVER, CO 80217	45-3784543 501C3	501C3	122,086.	0.			SCHOLARSHIPS
ARAFAHOE COMMUNITY COLLEGE FOUNDATION - 5900 S. SANTA FE							
DRIVE - LITTLETON, CO 80160	23-7093212 501C3	501C3	86,611.	0.			SCHOLARSHIPS
COMMUNITY COLLEGE OF AURORA FOUNDATION - 16000 E, CENTRETECH							
PKWY - AURORA, CO 80011	84-1078004	501C3	92,945.	0.			SCHOLARSHIPS
PUEBLO COMMUNITY COLLEGE							
FOUNDATION - 900 WEST ORMAN AVE -							
PUEBLO, CO 81004	84-0834567 50103	501c3	117,680.	0.			SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in the	line 1 table				13.
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

FOUNDATION FOR COLORADO COMMUNITY COLLEGES

Part II Continuation of Grants and Other Assistance to Governmen	ssistance to Gov	vernments and Organ	izations in the Uni	ited States (Sche	nts and Organizations in the United States (Schedule I (Form 990), Part II)		O4-IU/UZ/I Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED ROCKS COMMUNITY COLLEGE FOUNDATION - 13300 W. 6TH AVE LAKEWOOD, CO 80228	84-1139105	50103	96,415.	0			SCHOLARSHIPS
LAMAR COMMUNITY COLLEGE FOUNDATION 2401 S. MAIN ST. LAMAR, CO 81052	84-6119319	50103	29,112.	0			SCHOLARSHIPS
CO NORTHWESTERN COMMUNITY COLLEGE FNDN - 500 KENNEDY DRIVE - RANGELEY, CO 81648	84-0842160	50103	34,848.	0.			SCHOLARSHIPS
OTERO JUNIOR COLLEGE FOUNDATION 1802 COLORADO AVE. LA JUNTA, CO 81050	84-1472517	50103	36,494.	0.		,	SCHOLARSHIPS
NORTHEASTERN JUNIOR COLLEGE FOUNDATION - 100 COLLEGE AVE, - STERLING, CO 80751	84-0804957	501C3	25,317.	, 0			SCHOLARSHIPS
TRINIDAD STATE JUNIOR COLLEGE FOUNDATION - 600 PROSPECT ST TRINIDAD, CO 81082	84-6002425	50103	23,792.	0.			SCHOLARSHIPS
MORGAN COMMUNITY COLLEGE FOUNDATION - 300 MAIN STREET - FORT MORGAN, CO 80701	23-7092582	50103.	9,020.	0			SCHOLARSHIPS
							Schedule I (Form 990)

932241 04-01-19 Page 2

84-1070271

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2019)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) - Part II , Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EACH AWARDED STUDENT SO THAT THE FOUNDATION, IN PARTNERSHIP WITH THE THE FOUNDATION AWARDS SCHOLARSHIP FUNDS TO COLORADO COMMUNITY COLLEGES CODE WHO IN TURN AWARD SCHOLARSHIPS TO STUDENTS. THE COLLEGES ATTACH A THIS ALLOWS THE FOUNDATION TO REPORT TO DONORS AND MONITOR COMPLIANCE WITH DONOR INTENT REGARDING STUDENT SCHOLARS (d) Amount of non-cash assistance CAN PULL REPORTS SHOWING ALL STUDENTS WHO RECEIVED (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE 2: SCHOLARSHIPS. COLLEGES, PART I, J.

Schedule I (Form 990) (2019)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

FOUNDATION FOR COLORADO COMMUNITY

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 84-1070271 COLLEGES FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOPING RESOURCES, AND ADVOCATING FOR THE VALUE OF A COMMUNITY COLLEGE EDUCATION. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY BOARD AND STAFF PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR OF THE FOUNDATION IS HIRED BY THE CHANCELLOR OF THE COLORADO COMMUNITY COLLEGE SYSTEM AND IS AN EMPLOYEE OF THE SAME. THEREFORE, THE SALARY FOR THE POSITION IS DETERMINED IN CONCERT WITH THE SYSTEM SALARY PLAN. OTHER STAFF WOULD FALL UNDER THE SAME COMPENSATION PLAN. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 AND OTHER FEDERAL FILINGS ARE AVAILABLE UPON PUBLIC REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. LINE 13 AUDITOR OVERSIGHT AND SELECTION PROCESS IS THE RESPONSIBILITY OF THE

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

FINANCE COMMITTEE. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

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