Form 990	
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service 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. 2022 Open to Public Inspection

Α	For th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and	ending JU	JN 30, 2023						
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
	Addre chang	university of colorado foundation								
	Name			84-6049811						
	Initial returr		E Telephone numbe	er						
	Final returr	/ 1800 GRANT STREET, SUITE 725		303-813-7935	5					
	terminated			G Gross receipts \$	444,580,366.					
	Amer returr	DENVER, CO 80203		H(a) Is this a group re						
	Appli tion pendi	F Name and address of principal officer. Order Findaw		for subordinates	s? Yes 🗴 No					
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	,	list. See instructions					
_	Websi			H(c) Group exemption						
	art I	f organization: X Corporation Trust Association Other Summary	L Year (of formation: 1967	M State of legal domicile: CO					
•	1	Briefly describe the organization's mission or most significant activities: THE FOU	INDATION	RECEIVES MANAGE	s					
e	'	& PRUDENTLY INVESTS PRIVATE SUPPORT FOR THE BENEFIT OF THE		,,						
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets					
ver	3			3	20					
ß	4	Number of independent voting members of the governing body (Part VI, line 1b)			19					
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		28						
/itie	6		otal number of volunteers (estimate if necessary)							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			9,601,731.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		192,888,529.	306,188,355.					
Revenue	9	Program service revenue (Part VIII, line 2g)		6,314,915. 242,209,648.	7,881,766. 120,063,635.					
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,950,059.	10,446,610.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		449,363,151. 199,654,986.	444,580,366.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		199,054,988.	222,045,447.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		2,995,846.	3,611,959.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,161,463.	1,030,508.					
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 35,656,5		1,101,103.	1,000,000.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,530,189.	59,927,200.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		291,342,484.	286,615,114.					
	19	Revenue less expenses. Subtract line 18 from line 12		158,020,667.	157,965,252.					
or	3			ginning of Current Year	End of Year					
ets -	20	Total assets (Part X, line 16)		2,823,618,516.	3,048,394,011.					
Assets	21	Total liabilities (Part X, line 26)		606,351,950.	618,604,126.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,217,266,566.	2,429,789,885.					
P	art II	Signature Block								

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

Sign	Signature of off	icer		Date							
Here	JACK FINLAW										
	Type or print name and title										
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN					
Paid	DORI J. EGG	ETT	DORI J. EGGETT	11/13/23	self-employed	P00645252					
Preparer	Firm's name	PLANTE & MORAN, PLLC			Firm's EIN 38-	1357951					
Use Only	Firm's address	8181 E TUFTS AVE, SUITE 6	00								
		Phone no. 303 - 74	0 - 9400								
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No				
						- 000					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form 990 (2022) UNIVERSITY OF COLORADO FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Rev. Proc. 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		<u> </u>
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?		v	1
40	If "Yes," complete Schedule D, Part IV	9	X	├──
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	1
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI	11a		<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	──
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,		v	1
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X	├──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	1
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Form	990	(2022

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
		35a	А	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		x
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Natas All Faure 2000 filese and reactive data control to Colorado da	38	х	
Pa		00		
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	
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	990 (2022) UNIVERSITY OF COLORADO FOUNDATION		84-604981	1	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
					Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a			х							
b												
3a												
b												
4a												
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		, <i>,</i>									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		0									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	<u> </u>						
b				7b	X							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa											
	to file Form 8282?	1	1	7c	X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ie	8		x						
	sponsoring organization have excess business holdings at any time during the year?											
9	Sponsoring organizations maintaining donor advised funds.											
а				9a		X						
b				9b		X						
10	Section 501(c)(7) organizations. Enter:	1	1									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	1	1									
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	I									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			46								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c				v						
14a				14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					Ŧ						
	excess parachute payment(s) during the year?			15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		X						
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.			F	000	(0000)						
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a IVO I	espor	126
				X
800	Check if Schedule O contains a response or note to any line in this Part VI			Ă
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year $1a$ 20	n 📃	Yes	Nc
та		4		
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1.14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
U		12c	x	
10	on Schedule O how this was done	13	x	
13	Did the organization have a written whistleblower policy?		x	
14 45	Did the organization have a written document retention and destruction policy?	14	А	
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?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? stion C. Disclosure	16b		
Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? stion C. Disclosure		availa	ble
Sec 17	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 List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.		availa	ble
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)		availa	ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Exercise 1 List the states with which a copy of this Form 990 is required to be filed <u>AL</u> , AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	is only)		ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Exempt status arrangements are arrangements? Exempt status arrangements are arrangements? Exempt status arrangements are arrangement	is only)		ble
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Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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	is only)		ble

Form 990 (2022)	UNIVERSITY OF COLORADO FOUNDATION	84-6049811 Page 7									
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated									
Employees, and Independent Contractors											
Check if Sc	chedule O contains a response or note to any line in this Part VII										
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employee	S									
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.											

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos	itior			Reportable		
	hours per	box	(do not check mo box, unless perso officer and a dire		rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACK FINLAW	40.00									
PRESIDENT & CEO		х		х				434,880.	0.	37,355.
(2) A. KELLER YOUNG, ESQ.	40.00									
SVP, GENERAL COUNSEL, CAO				Х				289,801.	٥.	44,788.
(3) SASKIA SAWYER	40.00									
AVP GIFT SERVICES						X		170,990.	٥.	36,832.
(4) CHARLENE LAUS	40.00									
VP & CFO				х				155,250.	0.	13,833.
(5) ELIZABETH SAYER	40.00									
CONTROLLER						X		132,818.	0.	17,360.
(6) PATTY LESLIE	0.00									
VP & CFO - TERM ENDED 05/22							Х	112,510.	0.	14,047.
(7) AGNETA ALBINSSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ANNIE BACCARY	1.00									
VP FOR ADVANCEMENT OPERATIONS		Х						0.	0.	0.
(9) BRIAN DOLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ILANA DUBIN-SPIEGEL	1.00									
UNVERSITY REGENT		Х						0.	0.	0.
(11) NAN EKLUND	1.00									
DIRECTOR		Х						0.	0.	0.
(12) WILLIAM K. FISHER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TODD FREDRICKSON	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) MICHAEL D. FRYT	1.00									
DIRECTOR		Х						٥.	٥.	0.
(15) LISA KETTERING	1.00									
DIRECTOR		Х						٥.	٥.	0.
(16) SCOTT KINGDOM	1.00									
DIRECTOR		х						0.	0.	0.
(17) ERIC J. KRAMER	1.00									
DIRECTOR		Х						٥.	0.	0.
020007 10 12 00										Form 990 (2022)

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Form 990 (2022)

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Local matrix (A) (B) (C) (C) (D) (D) (C) (D) (D) <t< th=""><th>Form 990 (2022) UNIVERSITY OF</th><th>COLORADO</th><th>FOU</th><th>NDA</th><th>TIO</th><th>N</th><th></th><th></th><th></th><th>84-604</th><th>4981:</th><th>1</th><th>Ρ</th><th>age 8</th></t<>	Form 990 (2022) UNIVERSITY OF	COLORADO	FOU	NDA	TIO	N				84-604	4981:	1	Ρ	age 8
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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	loyee on	ſ			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes " complete Schedule I for su	ich individual		•	·	•						3	х	
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 702 OAK GROVE AVENUE, MENLO PARK, CA 94025 INVESTMENT MANAGER 19,227,355. PERELLA WEINBERG PARTNERS, 7979 E. TUFTS AVE., SUITE 700, DENVER, CO 80237 INVESTMENT MANAGER 8,946,019. BAYOU CITY ENERGY, 1201 LOUISIANA STREET, SUITE 3308, HOUSTON, TX 77002 INVESTMENT MANAGER 7,404,124. VISION RIDGE PARTNERS INVESTMENT MANAGER 6,363,173. 212 E 20TH ST, NEW YORK, NY 10003 INVESTMENT MANAGER 1,834,622. 200 THIRD AVENUE, NEW YORK, NY 10022 INVESTMENT MANAGER 1,834,622. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 702 OAK GROVE AVENUE, MENLO PARK, CA 94025 INVESTMENT MANAGER 19,227,355. PREELLA WEINBERG PARTNERS, 7979 E. TUFTS AVE., SUITE 700, DENVER, CO 80237 INVESTMENT MANAGER 8,946,019. BAYOU CITY ENERGY, 1201 LOUISIANA STREET, SUITE 3308, HOUSTON, TX 77002 INVESTMENT MANAGER 7,404,124. VISION RIDGE PARTNERS INVESTMENT MANAGER 6,363,173. 12 E 20TH ST, NEW YORK, NY 10003 INVESTMENT MANAGER 1,834,622. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation form the organization 39	-	-		-						-		4	х	
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 39	900 THIRD AVENUE, NEW YORK, NY 10022							ł	INVESTMENT MANAGER			1	,834.	622.
\$100,000 of compensation from the organization 39		ncludina hut n	ot lin	niter	tot	thos	e lis	-					,	
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			TS							I		Form	990 ((2022)

232008 12-13-22

Form 990 UNIVERSITY O									84-60498	311
Part VII Section A. Officers, Directors, Tr		nplo 	yee			ligh	est		· · ·	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
c	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) HEIDI WAGNER DIRECTOR	1.00	x						0.	0.	c
28) MELINDA H. YEE DIRECTOR	1.00	x						0.	0.	
									0.	(
		-								
		-								
		-								
		-								
		-								
otal to Part VII, Section A, line 1c			_	_	_	_	_			

232201 04-01-22

					OF COLO	RADO FOUNDA	FION		84-604981	.1 Page 9
Pa	rt V	/	Statement of Re	venue						
			Check if Schedule O	contains a	respons	e or note to any				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ន ទ	1	а	Federated campaigns		1a					
rant		b			1b		-			
n G		с	Fundraising events		1c					
àifts ar A					1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ributions)	1e					
		f	All other contributions, gifts,	grants, and	1					
			similar amounts not included	l above 📖	1f	306,188,35	-			
ontr od C		-	Noncash contributions included in		1g \$	9,532,88				
ŭ ŭ		h	Total. Add lines 1a-1f			During Ord	306,188,355.			
			ADV SUPP CUSTODIAL	סחש		Business Cod 611710	7,881,766.	7,881,766.		
Program Service Revenue	2	a ⊾				-	7,001,700.	7,001,700.		
serv ue		b								
ven Ven		c d								
igra Re		e				-				
Pro		f	All other program service	revenue		-				
		g	Total. Add lines 2a-2f				7,881,766.			
	3		Investment income (includ							
			other similar amounts)				28,545,175.			28,545,175.
	4		Income from investment of	of tax-exer	npt bond	proceeds				
	5		Royalties							
					(i) Real	(ii) Persona				
	6	a	Gross rents	6a			_			
		b	Less: rental expenses	6b			-			
			Rental income or (loss) Net rental income or (loss)	6c						
	7		Gross amount from sales of		Securities	ii) Other				
	'	a	assets other than inventory	7a 91,		.,	-			
		b	Less: cost or other basis	, iu ,	,		-			
a			and sales expenses	7b	().				
evenue		с	Gain or (loss)	7c ⁹¹ ,	518,460).				
Ř			Net gain or (loss)		·····.		91,518,460.			91,518,460.
Other	8	а	Gross income from fundraisi	ng events (not					
đ			including \$		- 1					
			contributions reported on							
			Part IV, line 18			Ba	_			
			Less: direct expenses			Bb				
	٩		Net income or (loss) from Gross income from gamin							
	3	a	Part IV, line 19			a				
		b	Less: direct expenses)b				
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances			0a				
		b	Less: cost of goods sold		1	0b				
		С	Net income or (loss) from	sales of ir	iventory					
s						Business Cod			0.001.001	
Miscellaneous Revenue	11	-	UBIT REVENUE			523000	9,601,731.		9,601,731.	
scellaneo Revenue		b	OTHER REVENUE	ידים פ		611710 900099	433,467.	· · · · · ·		
sce		-	CU ENDOWMENT TRANSF				384,645.	· · · · · ·		
Mi			All other revenue			· .	10,446,610.	,		
	12		Total revenue. See instruction				444,580,366.		9,601,731.	120,063,635.
23200								. , , .	, .	Form 990 (2022

UNIVERSITY OF COLORADO FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 222,045,447 222,045,447 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 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 4 Compensation of current officers, directors, 5 trustees, and key employees 1,333,907. 1,333,907. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,803,315. 1,803,315. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 79,057 79,057 199,034 199,034 Other employee benefits 9 196,646. 196,646 10 Payroll taxes 11 Fees for services (nonemployees): Management а 165,692, 165,692 b Legal 175,627. 175,627 С Accounting Lobbying d 1,030,508. 1,030,508. Professional fundraising services. See Part IV, line 17 е Investment management fees 22,787,691. 22,787,691. f Other. (If line 11g amount exceeds 10% of line 25, g 34,827,241 201,414 34,625,827. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 379,187 379,187. 13 Office expenses 551,190, 551,190 Information technology 14 Royalties 15 168,727 168,727. 16 Occupancy 23,247, 23,247 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 400,080. 400,080. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 71,800 71,800 22 Depreciation, depletion, and amortization 228,227 228,227 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) MISCELLANEOUS OPERATING 110,004. 110,004 а DUES/MEMBERSHIPS/SUBSCR 20,612 20,612 b PROFESSIONAL DEVELOPMEN 17,875. 17,875. С d All other expenses е 28,913,332 35,656,335. Total functional expenses. Add lines 1 through 24e 286,615,114 222,045,447 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

11

232010 12-13-22

Check here

Form 990 (2022)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

(A) Beginning of year 1 Cash - non-interest-bearing 48,616,674. 2 Savings and temporary cash investments 81,094,620. Pledges and grants receivable, net 3 22,649. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 348,362. 9 5,563,233, 4,434,006. 1,177,774. 10c 423,207,176. 11 2,218,828,189. 12 13 14 50,323,072. 15 2,823,618,516. 16 7,380,756. 17 18 261,551. 19 20 575,494,252. 21

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 1,129,227. b Less: accumulated depreciation 10b 582,597,537. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 2,234,136,553. 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 43,347,944. Other assets. See Part IV, line 11 15 3,048,394,011. 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,716,227. Accounts payable and accrued expenses 17 18 Grants payable 227,289. 19 Deferred revenue 20 Tax-exempt bond liabilities 588,228,246. Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 23,215,391. 25 19,432,364. of Schedule D 606,351,950. 618,604,126. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 52,304,822. 51,550,496. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 2,164,961,744. 2,378,239,389. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 2,429,789,885. Total net assets or fund balances 2,217,266,566. 32 32 2,823,618,516. 3,048,394,011. 33 Total liabilities and net assets/fund balances 33

Form 990 (2022)

(B) End of year

23,507,623.

701,146.

86,785.

162,887,196.

UNIVERSITY OF COLORADO FOUNDATION

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

Form 990 (2022) Part X | Balance Sheet

1

2

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9

Assets

Form	990 (2022) UNIVERSITY OF COLORADO FOUNDATION	84-604	9811	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	444	,580,	366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	286	,615,	114.
3	Revenue less expenses. Subtract line 2 from line 1	3	157	,965,	252.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,217	,266,	566.
5	Net unrealized gains (losses) on investments	5	61	,383,	428.
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	-6	,825,	361.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,429	,789,	885.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>		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		3b	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB	No.	1545	-0047	
-	-	-	-	

LULL
Open to Public Inspection

Name of the organization

Name	oft	he organization						Employer	identification number			
			SITY OF COLORAD						84-6049811			
Par	t I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	gan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
_		city, and state:										
5 [X	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in			
-		section 170(b)(1)(A)(vi). (C										
8 [A community trust describe										
9 [An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
		university:										
10		An organization that normal		••				•	•			
		activities related to its exem							-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
4 4 5	_	See section 509(a)(2). (Cor		and the stand for a shift of the			0(-)(4)					
11 L	\exists	An organization organized a		•	•							
12		An organization organized a	•	•	•		-	•				
		more publicly supported org lines 12a through 12d that of	-									
а		Type I. A supporting orga						-	aivina			
a	L	the supported organization	-	-	• • • •	-						
		organization. You must c			majonty c				pporting			
b		Type II. A supporting orga			ion with it	s sunnorte	d organizatio	n(s) hy hay	vina			
		control or management of	-				-		-			
		organization(s). You mus										
с		Type III functionally inte	-		in connect	tion with, a	and functional	lv integrate	ed with			
-		its supported organization						.,				
d		Type III non-functionally	. , . ,	•				ted organiz	zation(s)			
		that is not functionally int	• •					•				
		requirement (see instructi	0	e ,			•					
е		Check this box if the orga		-				II, Type III				
		functionally integrated, or					, , <u>,</u>	<i>,</i> ,				
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information	about the supporte	d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Total							1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	196,348,889.	193,433,008.	262,612,492.	192,888,529.	306,188,355.	1151471273.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	196,348,889.	193,433,008.	262,612,492.	192,888,529.	306,188,355.	1151471273.
	The portion of total contributions		, , , .	, , , .	, , , .	, , , .	
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						98,202,702.
	Public support. Subtract line 5 from line 4.						1053268571.
	tion B. Total Support					()	<i>(</i>)
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	196,348,889.	193,433,008.	262,612,492.	192,888,529.	306,188,355.	1151471273.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	28,235,969.	7,615,819.	46,050,675.	62,545,151.	28,545,175.	172,992,789.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,954,236.	2,170,920.	477,799.	232,625.	1,926,092.	7,761,672.
11	Total support. Add lines 7 through 10						1332225734.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	23,464,859.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	79.06 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	74.79 %
	33 1/3% support test - 2022. If the o					ore, check this boy	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 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						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	0	
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•		• •		
				.,,			(Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) orgar	nization,
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization						
	23 12-09-22						lule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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 5a
 1

 5b
 1

 5c
 1

 5c
 1

 6
 1

 7
 1

 8
 1

 9a
 1

 9a
 1

 9b
 1

 9c
 1

 10a
 1

 10b
 1

 Schedule A (Form 990) 2022

 COLORADO
 FO
 11548

11471113 147228 115488

2022.05000 UNIVERSITY OF COLORADO FO 115488_1

UNIVERSITY OF COLORADO FOUNDATION

Yes No

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		zations	84-6049611 Page
		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See Instructions
Sect	All other Type III non-functionally integrated supporting organizations mu ion 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):			
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):			
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				/

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ction D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	3 3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount	1	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022			
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

232027 12-09-22

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

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

OTHER INCOME				
2018 AMOUNT: \$	2,954,236.			
2019 AMOUNT: \$	2,170,920.			
2020 AMOUNT: \$	477,799.			
2021 AMOUNT: \$	232,625.			
2022 AMOUNT: \$	1,926,092.			
232028 12-09-22				Schedule A (Form 990) 2022
		:	21	

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	UNIVERSITY OF COLORADO FOUNDATION	84-6049811
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Part I	TTI Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$50,184,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$13,769,366.	Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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UNIVERSITY OF COLORADO FOUNDATION

Schedule B (Form 990) (2022) Name of organization

Employer identification number

84-6049811

223452 11-15-22

11471113 147228 115488

2022.05000 UNIVERSITY OF COLORADO FO 115488_1

Page 2

	3 (Form 990) (2022)		Page
Name of or	ganization		Employer identification number
UNIVERSI	TY OF COLORADO FOUNDATION		84-6049811
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2022)

Page 3

11471113 147228 115488

2022.05000 UNIVERSITY OF COLORADO FO 115488_1

Schedule B (Form 990) (2022)

NIVERSITY OF COLORADO FOUNDATION 84-64881 Part III Exclusively regious, charidable, etc. contributions to organizations described in sections 00(c)(t), (b) of the inter institution of the following inerently for organizations 9 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift	lame of or	rganization			Employer identification number
Part III Exclusively religious, chartable, etc., contributions to organizations described in section 501(c)7, 68, or (10) that total more than 51,000 for completions completing brit, in the two of exclusions, completing brit, inter the two of exclusions, chartable, etc., contributions to 51,000 or less for the year, (first this rise, onto). Subscription of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held.	NTVERST	TY OF COLORADO FOUNDATION			84-6049811
(a) No. Part i (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) Transfer of gift (c) Transfer of gift (c) Use of g		Exclusively religious, charitable, etc., contributit from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co	through (e) and the following line entri- charitable, etc., contributions of \$1,000 or I	v. For organizations	at total more than \$1,000 for the year
Part I	from			(d) Desc	ription of how gift is held
Image: construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of h	Part I				
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift			(e) Transfer of gif		
Part I Construction Constructio	-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee
	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	-		e) Transfer of gif	t l	
	-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	isferor to transferee

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SCHEDULE C	POLLE C Political Campaign and Lobbying Activities OMB No. 1545-0047						
(Form 990)	50	· · ·	Too the day of the F	-	2022		
	-	anizations Exempt From Income			ZUZZ		
Department of the Treasury	-	if the organization is described to			Open to Public Inspection		
Internal Revenue Service		to www.irs.gov/Form990 for in			•		
•		Form 990, Part IV, line 3, or For		e 46 (Political Campaign /	Activities), then		
		plete Parts I-A and B. Do not com 1(c)(3)) organizations: Complete P	•	Do not complete Part I-B			
 Section 501(c) (other Section 527 organiz 			and the below. I	Do not complete Fait 1-b.			
0		Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lin	e 47 (Lobbving Activities). then		
		nave filed Form 5768 (election und					
 Section 501(c)(3) or 	, ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. Do n	ot complete Part II-A.		
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 990-	EZ, Part V, line 35c (Proxy		
Tax) (See separate inst							
), or (6) organizat	ions: Complete Part III.					
Name of organization				Emp	loyer identification number		
Part I-A Compl		OF COLORADO FOUNDATION anization is exempt under	r section 501(c) o	r is a section 527 or	84-6049811		
	ete il tile org				ganization.		
1 Provido a doscripti	on of the organiz	ation's direct and indirect political	compaign activities in	Part IV			
		ures			6		
		gn activities					
	ponnou oumpun	<u></u>					
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3).			
1 Enter the amount of	of any excise tax i	incurred by the organization unde	r section 4955	\$	S		
		incurred by organization managers					
3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 fo	or this year?				
4a Was a correction m					Yes No		
b If "Yes," describe in Part I-C Compl		anization is exempt under	r section $501(c)$	except section 501/c	-)(3)		
		· · · · · · · · · · · · · · · · · · ·					
		by the filing organization for sect ization's funds contributed to othe		on activities t	<u> </u>		
2 Enter the amount of exempt function ac	41. 141						
		. Add lines 1 and 2. Enter here and		ч	S		
	-			\$	š		
		1120-POL for this year?					
		ployer identification number (EIN)					
		tion listed, enter the amount paid					
		omptly and directly delivered to a s			e segregated fund or a		
		additional space is needed, provid	T				
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds. If none, enter -0	promptly and directly		
					delivered to a separate political organization.		
					If none, enter -0		
	ion Act Nation	and the Instructions for Form 00	 0 or 000 E7	1	Cohodulo C (Form 000) 2022		

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

Schedule C (Form 990) 2022

232041 11-08-22

			ADO FOUNDATION			049811	Page 2
Part II-A Complete if the org section 501(h)).	ganization is	exemp	t under section	501(c)(3) and file	d Form 5768 (ele	ction unde	ər
	ation belongs to	an affiliate	d group (and list in	Part IV each affiliated g	aroup member's pame	address Ell	
expenses, and sha	-			Fait IV each anniateu (group member s name	, auuress, Eii	Ν,
		, , ,	limited control" prov	visiona apply			
	ation checked bu	ix A anu	inflited control prov		(a) Filing	(b) Affiliated	
	its on Lobbying	•			organization's	totals	
(The term "expen	ditures" means	amounts	paid or incurred.)		totals		
1a Total lobbying expenditures to infl	uence public opi	nion (gras	sroots lobbying)				
b Total lobbying expenditures to influence	uence a legislativ	/e body (d	direct lobbying)				
c Total lobbying expenditures (add li	ines 1a and 1b)						
d Other exempt purpose expenditure					228,127,355.		
e Total exempt purpose expenditure	es (add lines 1c a	nd 1d)			228,127,355.		
f Lobbying nontaxable amount. Ente	er the amount fro	om the fol	lowing table in both	columns.	1,000,000.		
If the amount on line 1e, column (a) o	or (b) is: TI	he lobbyi	ng nontaxable amo	ount is:			
Not over \$500,000	20	0% of the	amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000 \$ ⁻	100,000 p	lus 15% of the exce	ss over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$ ⁻	175,000 p	lus 10% of the exce	ss over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000 \$2	225,000 p	lus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000	\$-	1,000,000					
				-			
g Grassroots nontaxable amount (er	nter 25% of line 1	f)			250,000.		
h Subtract line 1g from line 1a. If zer	ro or less, enter -	0			0.		
i Subtract line 1f from line 1c. If zero	o or less, enter -C)-			0.		
j If there is an amount other than ze	ero on either line	1h or line	1i, did the organizat	tion file Form 4720			
reporting section 4911 tax for this	year?					Yes	No
	4-Ye	ar Averag	ging Period Under S	Section 501(h)			
(Some organizations t		-	 election do not h instructions for line 		f the five columns be	elow.	
	Lobbying	Expendit	ures During 4-Yea	r Averaging Period		I	
Calendar year	(a) 2019		(b) 2020	(c) 2021	(d) 2022	(e) Tot	tal
(or fiscal year beginning in)	(4) = 0 + 0		(10) = 0 = 0	(0) = 0 = 0	(4) ====		
2a Lobbying nontaxable amount	1,000,	000.	1,000,000.	1,000,000.	1,000,000.	4,00	000,000
b Lobbying ceiling amount							
(150% of line 2a, column(e))						6,00	000,000
c Total lobbying expenditures							
d Grassroots nontaxable amount	250,	000.	250,000.	250,000.	250,000.	1,00	000,000
	·		,	,	,	,	
 Grassroots ceiling amount 							
 Grassroots ceiling amount (150% of line 2d, column (e)) 						1,50	000,000
						1,50)0,000

Schedule C (Form 990) 2022

232042 11-08-22

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	-	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		<u>2a</u>		
	Carryover from last year		2b		
-	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditures next year?		4		
5 Dar	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
			lines 1 -	ad 0 (0	
L101	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iisi), mart II-A,	mes i a	nu ∠ (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

	HEDULE D		OMB No. 1545-0047					
(For	m 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022			
	tment of the Treasury al Revenue Service		ttach to Form 990. 0 for instructions and the latest informatic	on.	Open to Public Inspection			
Nam	e of the organization			Em	ployer identification number			
Pa	rt I Organiza	UNIVERSITY OF COLORADO FOUN	DATION d Funds or Other Similar Funds or	r Accou	84-6049811			
		n answered "Yes" on Form 990, Part IV, lin		/100004				
			(a) Donor advised funds	(b) Fur	nds and other accounts			
1		d of year						
2		f contributions to (during year)						
3		grants from (during year)						
4								
5	0		exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be us					
	U U	e	r donor advisor, or for any other purpose co	•				
_	impermissible priva	ate benefit?	- 		Yes No			
Pa			ganization answered "Yes" on Form 990, Pa	rt IV, line 7				
1		ervation easements held by the organization	11 57					
		of land for public use (for example, recrea	tion or education) Preservation of a		important land area			
		f natural habitat of open space		certined n	Stone structure			
2			ied conservation contribution in the form of	a conserva	ation easement on the last			
	day of the tax year				Held at the End of the Tax Year			
а	Total number of co	nservation easements		2a				
b	•							
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	<u>2c</u>				
d		vation easements included in (c) acquired a						
•					al selection at the states.			
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax			
4	year Number of states v	 where property subject to conservation eas	sement is located					
5		ion have a written policy regarding the per						
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No			
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation ease	ements during the year			
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easemen	ts during the year			
8		ution accomment reported on line 2(d) about	e satisfy the requirements of section 170(h)(4)(D)(i)				
0	and section 170(h)	· · · · · · · · · · · ·			Yes No			
9	. ,		on easements in its revenue and expense sta					
		•	ote to the organization's financial statement					
		ounting for conservation easements.						
Ра		-	Art, Historical Treasures, or Othe	er Simila	ir Assets.			
		the organization answered "Yes" on Form						
та	U U		 not to report in its revenue statement and plic exhibition, education, or research in furth 					
		· ·	ncial statements that describes these items.	iciance Ul	Puolio			
b	· •		8, to report in its revenue statement and bal	ance shee	t works of			
	-	· · ·	exhibition, education, or research in further					
		ng amounts relating to these items:		-				
	(i) Revenue included on Form 990, Part VIII, line 1							
	.,				\$			
2			asures, or other similar assets for financial ga	ain, provid	e			
-	-	Ints required to be reported under FASB A	-		¢			
а		enue included on Form 990, Part VIII, line 1\$\$						

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
23205	1 09-01-22

11471113 147228 115488

	29					
•	0	^	-	^	^	0

2022.05000 UNIVERSITY OF COLORADO FO 115488_1

		OF COLORADO FO						84-604		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, o	r Othe	r Simila	ar Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other as	sets not	included				
	on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIII										
									Amour	ıt	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabil	lity?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	
Par	t V Endowment Funds. Complete i		1			T		<u> </u>			
		(a) Current year		Prior year	(c) Two yea			years back			
	Beginning of year balance	1,727,979,591.									
	Contributions	61,438,723.						383,080.		<u>,078,</u>	
	Net investment earnings, gains, and losses	52,715,110.	-127	,751,141.	485,340	0,949.	54,	398,753.	-77	,723,	433.
	Grants or scholarships										
е	Other expenditures for facilities	150.040		0.00 050	56 84		- 4	1 - 0 44 2		C1 C	252
	and programs	159,049.	/3	,969,950.	56,712	2,894.	54,	150,413.	50	,616,	3/3.
f	Administrative expenses	1 041 074 375	1 7 7 7	070 501	1 040 677	1 600	1 21 7	125 026	1 040	F 0 4	410
g	End of year balance	1,841,974,375.				1,600.	1,317,	135,836.	1,240	,504,	410.
2	Provide the estimated percentage of the curr			g, column (a))) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment 50.7080 Term endowment 48.0860	%									
С											
0-	The percentages on lines 2a, 2b, and 2c sho	•									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neid ar	ia administer	rea for tr	ie			Yes	No
	organization by:								3a(i)	X	
	(i) Unrelated organizations								3a(ii)		х
h	(ii) Related organizations	tions listed as requir	rod on Si	chodulo P2					3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		WINCHT	unus.							
	Complete if the organization answere), Part IV	, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost	or other (other)	(c) A	ccumula		(d) Boo	ok value	ə
10	Land			04313	32,078.					32	078.
	Land			1	,878,300.		853	,226.	1	,025,	
	Buildings Leasehold improvements				379,063.			,063.		,,	0,4.
					683,071.			,996.		72	075.
	EquipmentOther			2	,590,721.		2,590			,	0.
	. Add lines 1a through 1e. (Column (d) must e		V och			1			1	,129,	-
1010		<u>qual FUIII 990, Part</u>	A. COIUN	<u>ш (р), Ште Т</u>					-	, ,	

Schedule D (Form 990) 2022

84-6049811 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQUITIES	36,000,000.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME	226,937,154.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	122,425,867.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	538,696,709.	END-OF-YEAR MARKET VALUE
(E) ABSOLUTE RETURNS FUNDS	276,515,648.	END-OF-YEAR MARKET VALUE
(F) VENTURE CAPITAL	303,653,044.	END-OF-YEAR MARKET VALUE
(G) COMMODITIES	41,706,581.	END-OF-YEAR MARKET VALUE
(H) OTHER	1,389,172.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,234,136,553.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

1.	(a) Description of liability	(b) Book value
(1) Fed	eral income taxes	
(2) FUN	DS HELD IN TRUST FOR OTHERS	2,848,398.
(3) LIA	BILITIES UNDER SPLIT INTEREST	16,583,966.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	nn (b) must equal Form 990, Part X, col. (B) line 25.)	19,432,364.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNIVERSITY OF COLORADO FOUNDATION			84-60	49811 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	476,953,779.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	61,383,428.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,379,407.		
е	Add lines 2a through 2d			2e	64,762,835.
3	Subtract line 2e from line 1			3	412,190,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,787,691.		
b	Other (Describe in Part XIII.)	4b	9,601,731.		
с	Add lines 4a and 4b			4c	32,389,422.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	444,580,366.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	263,827,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	263,827,423.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,787,691.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	22,787,691.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	286,615,114.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b	and 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal inforr	nation.		
PART	' IV, LINE 2B:				
THE	FOUNDATION HOLDS AND INVESTS CERTAIN ENDOWMENT AND OTHER FUNDS	IN A			
LONG	TERM INVESTMENT POOL UNDER THE TERMS OF AN INVESTMENT MANAGEME	INT			
AGRE	EMENT WITH UNIVERSITY OF COLORADO.				
PART	V, LINE 4:				
THE	FOUNDATION'S ENDOWMENT FUNDS INCLUDE DONOR RESTRICTED PURE AND				
QUAS	I-ENDOWMENT FUNDS, AND BOARD-DESIGNATED ENDOWMENT FUNDS. THESE				
ENDO	WMENTS ARE MANAGED IN ACCORDANCE WITH THE FOUNDATION BOARD APPF	OVED			
SPEN	DING POLICY, AND DISTRIBUTIONS FORM THESE ENDOWMENTS ARE MADE 1	N			

ACCORDANCE WITH SUCH POLICY AND ARE AVAILABLE TO THE UNIVERSITY OF

COLORADO TO SUPPORT ITS PROGRAMS AND OPERATIONS, IN ACCORDANCE WITH THE

232054 09-01-22

Schedule D (Form 990) 2022

32 2022.05000 UNIVERSITY OF COLORADO FO 115488_1

Schedule D (Form 990) 2022 Part XIII Supplemental In	UNIVERSITY OF COLORADO		84-6049811	Page 5
APPLICABLE DONOR'S RESTRIC				
PART XI, LINE 2D - OTHER 2	ADJUSTMENTS :			
CHANGE IN VALUE OF SPLIT	INTEREST AGREEMENTS	 3,379,407.		
PART XI, LINE 4B - OTHER 2	ADJUSTMENTS :			
UNRELATED BUSINESS INCOME		 9,601,731.		
			Schedule D (For	m 990) 2022

232055 09-01-22

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
		Cost of end-of-year market valu
MINGLED EQUITY SECURITIES	686,812,378.	FMV
	, , ,	

Schedule D (Form 990)

232421 04-01-22

Name of the organization					Employer ident	ification number
UNIVERSITY OF COLORADO	FOUNDATION				84-6049811	
		ctivities Out	side the United States. Comple	ete if the organ		"Yes" on
Form 990, Part IV			Compi	ite in the organ		
		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
-	0		he selection criteria used to award the			Yes 🗌 No
	-			-		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.						
3 Activities per Region. (Th			n be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
	In the region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region				in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -			INVESTMENTS			292,042,418.
						252,042,410.
WESTERN EUROPE -			INVESTMENTS			55,158,470.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES			INVESTMENTS			233,785,986.
2 a Cubtetel	0	0				580,986,874.
3 a Subtotal		0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				580,986,874.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

232071 10-17-22

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

11471113 147228 115488

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Schedule F (Form 990) 2022

84-6049811

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

Schedule F (Form 990) 2022

Page 3

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

Schedule F (Form 990) 2022

 Part V
 Supplemental Information

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

 PART I, LINE 2:

 THE FOUNDATION DOES NOT PROVIDE GRANTS OR OTHER ASSISTANCE OUTSIDE OF THE

 UNITED STATES.

Schedule F (Form 990) 2022

84-6049811

Page 5

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public						
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.	F armler register	Inspection
Name of the organization		OF COLORADO FOUNDATION					84-60498	entification number
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1		
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c ed in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Yes	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RUFFALO NOEL LEVIT	Z – 65	MANAGE A TELEPHONE		No				
KIRKWOOD NORTH ROA	D SW, CEDAR	SOLICITATION PROGRAM		x	294,899.		1,030,508.	-735,609.
Total					294,899.		1,030,508.	-735,609.
3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NC, NH, NJ NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

40 2022.05000 UNIVERSITY OF COLORADO FO 115488_1 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	Income on Form 99	J-EZ, III IES T ATTU OD. LIST E	vents with gross receip	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
đ			(event type)	(event type)	(total number)	
Revenue	_					
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	_					
xper	6	Rent/facility costs				
Direct Expense	7	Food and beverages				
Dir	~	Estadaionad				
	8 9	Entertainment Other direct expenses				
		Direct expense summary. Add lines 4 through	9 in column (d)	II		
		Net income summary. Subtract line 10 from li	a			
Pa						
Га	II L I	Gaming. Complete if the organization a	inswered "Yes" on Forr	n 990, Part IV, line 19, or r	eported more than	
Fa		\$15,000 on Form 990-EZ, line 6a.	inswered "Yes" on For		eported more than	
			inswered "Yes" on Forr (a) Bingo	(b) Pull tabs/instant	eported more than (c) Other gaming	(d) Total gaming (add
						(d) Total gaming (add col. (a) through col. (c))
Revenue	1			(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Expenses Revenue	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant		
Expenses Revenue	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 En	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))

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

 b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

No

Sch	edule G (Form 990) 2022	UNIVERSITY OF COLORADO FOUNDATION 84	-604981	1	Page 3
	Is the organization a grantor, bene	aming activities with nonmembers?		Yes Yes	
	Indicate the percentage of gaming			Tes	
					%
			13b		%
14	Name	e person who prepares the organization's gaming/special events books and records:			
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	🗆 '	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amount			
	of gaming revenue retained by the				
С	If "Yes," enter name and address	of the third party:			
	Maria				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	r state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		🔲 '	Yes	No No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activit rt IV Supplemental Infor	ies during the tax year \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F		0	06 106
ιa		s applicable. Also provide any additional information. See instructions.	art III, IIne	es 9,	9D, TUD,
	100, 100, 10, and 170, as				
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: RUFFA	ALO NOEL LEVITZ			
(1)	ADDRESS OF FUNDRAISER:				
65	KIRKWOOD NORTH ROAD SW, CH	3DAR RAPIDS, IA 52404			
PAR	T I, LINE 2B, COLUMN (V):				
100	& OF GROSS RECEIPTS FROM A	ACTIVITY, OR COLUMN IV, ARE TRANSFERRED TO			
		PIC SUPPORT. THE AMOUNT PAID TO RUFFALO NOEL			
23208	3 10-27-22	4.2 Sche	dule G (F	Form	990) 2022

Part IV Supplemental Information (continued) LEVITZ IN COLUMN V IS AN EXPENSE PAID TO HELP GROW THE NUMBER OF DONORS TO THE UNIVERSITY. Schedule G (Form 990) 232084 04-01-22 43

11471113 147228 115488

2022.05000 UNIVERSITY OF COLORADO FO 115488_1

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	•	J.	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization UNIVERSITY OF	COLORADO FOUN	DATION					Employer identification number 84-6049811
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				for the grants or assis		on 🛛 🔀 Yes 🗌 No
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO 1800 GRANT ST., SUITE 800 DENVER, CO 80203	84-6000555	501(C)(3)	203336191	0.			SEE PART IV
UNIVERSITY OF COLORADO HOSPITAL FOUNDATION - 2400 S. PEORIA ST. STE 100 - AURORA, CO 80014	20-8575263	501(C)(3)	1,094,485.	0.			PUBLIC SERVICE, MEDICAL OUTREACH
UNIVERSITY OF NORTHERN COLORADO PO BOX 10 GREELEY, CO 80639	84-6044833	501(C)(3)	15,000.	0.			SCHOLARHSIPS
METROPOLITAN STATE UNIVERSITY OF DENVER - PO BOX 173362 - DENVER, CO 80217	84-0576459	501(C)(3)	15,000.	0.			SCHOLARSHIPS
UNIVERSITY OF DENVER 2199 S. UNIVERSITY BOULEVARD DENVER, CO 80210	84-0404231	501(C)(3)	12,632.	0.			SCHOLARSHIPS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•		e line 1 table				<u>5.</u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

UNIVERSITY OF COLORADO FOUNDATION

84-6049811

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE USE OF GRANTS MADE BY THE UNIVERSITY OF COLORADO FOUNDATION ARE

MONITORED BY THE UNIVERSITY OF COLORADO.

PART II, LINE 1: UNIVERSITY OF COLORADO - GRANTS PAID

GIFTS AND INCOME DISTRIBUTED TO THE UNIVERSITY OF COLORADO WERE APPLIED

AS FOLLOWS:

ACADEMICS - \$90,047,435

ATHLETICS - \$7,317,405

Schedule I (Form 990) UNIVERSITY OF COLORADO FOUNDATION Part IV Supplemental Information	84-6049811	Page 2
Part IV Supplemental Information		
CAPITAL PROJECTS - \$14,565,143		
PROFESSORSHIP CHAIRS - \$29,045,872		
PUBLIC SERVICE, ADMINISTRATION, LIBRARY - \$4,161,325		
RESEARCH - \$27,268,080 SCHOLARSHIPS & FINANCIAL AID - \$33,831,173		
	Schedule I (I	Form 990)

SCI	CHEDULE J Compensation Information								
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees)			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
	Attach to Form 990.								
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Ins Name of the organization Employer identification								
UNIVERSITY OF COLORADO FOUNDATION 84-6049811									
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	harter travel Housing allowance or residence for perso	nal use						
	Travel for com	panions Payments for business use of personal re	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s						
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3		ny, of the following the organization used to establish the compensation of the organization's							
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to						
	·	ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		ompensation consultant							
	X Form 990 of o	ther organizations	committee						
	During the suggest align	any newson listed on Four 200. Dot MIL Costion A line to with weapart to the filing							
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
-	organization or a re			10		x			
		e payment or change-of-control payment?		41		x			
	-	eive payment from a supplemental nonqualified retirement plan?				x			
C		eive payment from an equity-based compensation arrangement?							
	I Tes to any of m								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
-	contingent on the re								
а	•			5a		x			
		ation?				x			
		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the n								
а	The organization?			6a		x			
b	Any related organiz	ation?		6b		X			
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6						
		es 5 and 6? If "Yes," describe in Part III		. 7		x			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the									
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in							
	Regulations section			. 9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)) 2022			

232111 10-18-22

Schedule J (Form 990) 2022

84-6049811

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JACK FINLAW	(i)	395,731.	39,149.	0.	18,300.	19,055.	472,235.	٥.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) A. KELLER YOUNG, ESQ.	(i)	263,305.	26,496.	0.	18,300.	26,488.	334,589.	٥.
SVP, GENERAL COUNSEL, CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SASKIA SAWYER	(i)	160,029.	10,961.	0.	10,913.	25,919.	207,822.	0.
AVP GIFT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLENE LAUS	(i)	155,250.	0.	0.	8,153.	5,680.	169,083.	0.
VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH SAYER	(i)	124,333.	8,485.	0.	8,061.	9,299.	150,178.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATTY LESLIE	(i)	92,510.	20,000.	0.	0.	14,047.	126,557.	0.
VP & CFO - TERM ENDED 05/22	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service

	Inspection
Employer	identification number

84-6049811

2

Name of the organization

UNIVERSITY	OF	COLORADO	FOUNDATION

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of der noncash contribu		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	278	8,315,887.	AVG HIGH/LOW PRIC	E	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	Х	2	1,217,000.	APPRAISAL VALUE		
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement			
					ſ	Yes	No
30a	During the year, did the organization receive by		•••••				
	must hold for at least 3 years from the date of t			-			
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				tions?	31 X	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a X	
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	r for which column (a) is cheo	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2022

232141 09-09-22

SCHEDULE M, LINE 32B:	
THE FOUNDATION MAINTAINS ACCOUNTS AT UB	3S, CHARLES SCHWAB, WELLS FARGO,
AND BANK OF NEW YORK MELLON FROM WHICH	SECURITIES ARE RECEIVED AND
SOLD.	
232142 09-09-22	Schedule M (Form 99

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

8_1

84-6049811

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-6049811

Name of the organization UNIVERSITY OF COLORADO FOUNDATION

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

UNIVERSITY OF COLORADO.

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

UNIVERSITY OF COLORADO FOUNDATION'S CHARITABLE MISSION IS TO RECEIVE

AND MANAGE PRIVATE GIFTS TO BENEFIT THE UNIVERSITY OF COLORADO. IN

ACCORDANCE WITH THIS MISSION, THE FOUNDATION RECEIPTED \$306,188,355 IN

DIRECT PUBLIC SUPPORT OF THE UNIVERSITY FOR THE FISCAL YEAR ENDED JUNE

30, 2023. IN ADDITION, AS OF JUNE 30, 2023 THE FOUNDATION INVESTED,

ACCOUNTED FOR, AND MANAGED \$2,816,734,090 IN NET ASSETS FOR THE BENEFIT

OF THE UNIVERSITY. THE FOUNDATION DIRECTLY APPLIED AND DISTRIBUTED

MONIES TO UNIVERSITY OF COLORADO IN THE AMOUNT OF \$222,045,450. THESE

APPLIED AND DISTRIBUTED MONIES WERE USED BY THE UNIVERSITY TO PROVIDE

SCHOLARSHIPS, FELLOWSHIPS, FUND LECTURESHIPS AND PROFESSORSHIPS,

CONSTRUCT FACILITIES, PURCHASE EQUIPMENT, PROVIDE LOANS, PURCHASE

EDUCATIONAL AND RESEARCH MATERIALS AND TO FUND A MYRIAD OF OTHER

PROJECTS AND ITEMS TO HELP THE UNIVERSITY PROVIDE EDUCATION TO THE

GENERAL PUBLIC.

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

THE FOUNDATION'S INDEPENDENT ACCOUNTING FIRM WILL REVIEW THE 990 WITH THE

AUDIT COMMITTEE. THE AUDIT COMMITTEE CHAIR WILL PROVIDE A SUMMARY OF THIS

REVIEW TO THE FULL BOARD ALONG WITH A COPY OF THE FORM 990.

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

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO KEY EMPLOYEES, DIRECTORS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page
Name of the organization UNIVERSITY OF COLORADO FOUNDATION	Employer identification number 84-6049811
AND COMMITTEE MEMBERS WHO ARE NOT DIRECTORS. EACH RECIPIENT IS ASKED TO	
COMPLETE A DISCLOSURE CERTIFICATION. THESE DOCUMENTS ARE COLLECTED AND THE	
INFORMATION COMPILED IN THE FOUNDATION'S LEGAL DEPARTMENT. WHEN THE	
FOUNDATION IS CONSIDERING ENTERING INTO MAJOR TRANSACTIONS AND/OR CONTRACTS	
WITH OUTSIDE PARTIES, POTENTIAL CONFLICTS OF INTEREST ARE RESEARCHED. IF	
THERE IS AN IDENTIFIED CONFLICT, THE FOUNDATION FOLLOWS THE POLICY TO	
RESOLVE THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE UNIVERSITY OF COLORADO FOUNDATION HAS A COMPENSATION COMMITTEE OF THE	
BOARD OF DIRECTORS. THIS COMMITTEE REVIEWS AND APPROVES SALARY ADJUSTMENTS	
AND ANY ADDITIONAL COMPENSATION FOR THE FOUNDATION'S OFFICERS. THE	
COMMITTEE RELIES ON MARKET COMPENSATION STUDIES FOR EACH APPLICABLE	
COMMITTEE RELIES ON MARKET COMPENSATION STUDIES FOR EACH APPLICABLE	
POSITION, WHICH ARE PERFORMED BY AN OUTSIDE COMPENSATION CONSULTANT AND	
UPDATED EVERY THREE YEARS. THE COMMITTEE'S DELIBERATION AND SALARY	
APPROVALS ARE DOCUMENTED IN THE MINUTES MAINTAINED BY THE COMPENSATION	
COMMITTEE.	
COMMITTEE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NC, NH, NJ	
NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
<u>, , , , , , , , , , , , , , , , , , , </u>	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL	
STATEMENTS ARE MADE AVAILABLE UPON REQUEST. AUDITED FINANCIALS ARE ALSO	
AVAILABLE ON THE CUF WEBSITE WWW.CUFUND.ORG.	

FORM 990, PART IX, LINE 11G, OTHER FEES:

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization UNIVERSITY OF COLORADO FOUNDATION		Employer identification numb 84-6049811
U SUPPORT FEE:		
PROGRAM SERVICE EXPENSES	0.	
IANAGEMENT AND GENERAL EXPENSES	201,414.	
UNDRAISING EXPENSES	34,625,827.	
OTAL EXPENSES	34,827,241.	
YOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	34,827,241.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,379,407.	
JNRELATED BUSINESS (INCOME)/LOSS	-9,601,731.	
WRITE-OFF OF UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE	-603,037.	
TOTAL TO FORM 990, PART XI, LINE 9	-6,825,361.	

Schedule O (Form 990) 2022

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

SCHEDULE R (Form 990)

Name of the organization

UNIVERSITY OF COLORADO FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
-		literengin boarning)		501(c)(3))		Yes	No
THE UNIVERSITY OF COLORADO UK FOUNDATION							
LIMITED, 1800 GRANT STREET, SUITE 725,							
DENVER, CO 80203	REAL ESTATE	COLORADO	501(C)(3)	509(A)(3)	CU FOUNDATION	х	
	_						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022 Open to Public

Employer identification number

84-6049811

Inspection

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

	· · · · · · · · · · · · · · · · · · ·	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
]											
	1											
	1											
	1											
	-											
	1											
	4											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) ction b)(13) rolled tity?
		country)				455615			No
CHARITABLE REMAINDER TRUSTS (52)	CRAT/CRUT	CO	CU FOUNDATION	TRUST					X
	-								
	-								
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)			X
Dividends from related organization(s)	1f		Σ
g Sale of assets to related organization(s)	1g		2
Purchase of assets from related organization(s)	<u>1h</u>		:
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		1
Lease of facilities, equipment, or other assets from related organization(s)	1k		2
Performance of services or membership or fundraising solicitations for related organization(s)	11		2
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
(5)				
(6)				

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)			
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage			
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership			
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10				
											\square					

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Part VII Supplemental Information

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

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