			**	PUBLIC I	DISCLOSURE	COPY **			
	0	00	Return of	Organiza	tion Exemp	t From I	ncome	Tax	OMB No. 1545-0047
For	m 🕈	90	Under section 501(c), 52	7, or 4947(a)(1)	of the Internal Reve	nue Code (exc	ept private f	oundation	s) 2021
Dep	artment	of the Treasury	Do not ente	r social security	numbers on this fo	rm as it may b	e made publ	lic.	LULI
Inter	nal Reve	enue Service	Go to ww	w.irs.gov/Form	990 for instructions	and the latest	information.		Open to Public Inspection
			lar year, or tax year begin	ning JUL 1,			UN 30, 202		
В	Check if applicab	Die: C Name of	f organization				D Employe	er identific	ation number
	Addre	ge COLORA	ADO STATE UNIVERSITY	FOUNDATION					
	Name	ge Doing bi	usiness as				23-	7098397	
	Initial return Final return	P.O. B	r and street (or P.O. box if ma 30X 1870	il is not delivered t	to street address)	Room/suite	E Telephor 970-4	ne number 91-7135	
_	termir ated	City or to	own, state or province, cou	ntry, and ZIP or	foreign postal code		G Gross recei	pts \$	359,696,528.
L	Amen return Applic	FORT C	COLLINS, CO 80522				H(a) Is this	a group ret	
L	tion	F Name a	nd address of principal offic		EILL		for sub	ordinates?	Yes X No
-			X 1870, FORT COLLINS				H(b) Are all su	bordinates inc	luded? Yes No
		empt status:		() ┥ (in:	sert no.) 📃 4947(a)	(1) or 527	-		ist. See instructions
			UFOUNDATION.ORG			-	H(c) Group		
The second s	art I	Summary	x Corporation Trust	Associatio	on Other D	L Year	of formation: 1	.970 M	State of legal domicile: CO
ce	1	FOUNDATION	e the organization's missio RECEIVES, MANAGES A	n or most signific	cant activities: COLO	RADO STATE	UNIVERSITY	ľ	
Activities & Governance	2								
veri	3	Number of vot	x ▶ if the organizat ting members of the govern	ion discontinued				1 1	
Go	4							3	11
Š	5	Total number of Ind	lependent voting members	or the governing	body (Part VI, line 1b)		4	10
itie	6	Total number of	of individuals employed in o	cosson	21 (Part V, line 2a)			5	19
tiv	72	Total unrelated	of volunteers (estimate if ne d business revenue from Pa	rt VIII oolumn (C	N line 10			6	12
Ac	h	Net unrelated	business taxable income fr	Eorm 990 T	/), IIII e 12 Dout L lino 11	••••••		7a	4,144,165.
-		Hot diffelated i		5111 0111 990-1,					70,300.
	8	Contributions a	and grants (Part VIII, line 1)))			Prior Yea	19,549.	Current Year 71,969,519.
nue			ce revenue (Part VIII, line 2g			and the second s	100,01	0.	
Revenue			come (Part VIII, column (A),		4)	······	78 15	4,200.	86,852,629.
ñ	11	Other revenue	(Part VIII, column (A), lines	5, 6d, 8c, 9c, 10	c. and 11e)			9,735.	4,500,442.
	12	Total revenue -	- add lines 8 through 11 (m	ust equal Part VI	II. column (A). line 12))		.3,484.	163,322,590.
1	13	Grants and sim	nilar amounts paid (Part IX,	column (A), lines	; 1-3)			6,881.	59,628,424.
	14	Benefits paid to	to or for members (Part IX, o	column (A), line 4)	1000 C		0.	0.
S			compensation, employee b)	2,12	3,432.	2,343,414.
nses	16a	Professional fu	undraising fees (Part IX, colu	umn (A), line 11e)			0.	0.
Exper	b	Total fundraisir	ng expenses (Part IX, colun	nn (D), line 25)		0.		Section of the	
ш		Other expense	es (Part IX, column (A), lines	11a-11d, 11f-24	e)		10,52	2,616.	10,308,084.
	18	Total expenses	s. Add lines 13-17 (must eq	ual Part IX, colur	nn (A), line 25)		72,92	2,929.	72,279,922.
	19	Revenue less e	expenses. Subtract line 18	from line 12			110,49	0,555.	91,042,668.
Net Assets or Fund Balances	-					Be	ginning of Curr	ent Year	End of Year
sset	20	Total assets (P					732,50	0,299.	706,044,439.
etA	21		(Part X, line 26)					5,056.	24,332,581.
Z.	22	Net assets or f	und balances. Subtract line	21 from line 20			709,31	5,243.	681,711,858.
	rt II								
Unde	er pena	Ities of perjury, I	declare that I have examined t	his return, includin	g accompanying schedu	les and stateme	nts, and to the	best of my k	nowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other	than officer) is bas	ed on all information of	which preparer			
	_	Signature	in challe					21/20.	23
Sign					Date				
Here	e		PADILLA, CFO rint name and title						
-							lata		
Paid		Print/Type prepa DORI J. EGG			er's signature		late	Check if] PTIN
Prep				LLC	J. EGGETT	03	3/01/23	self-employed	P00645252
Use			8181 E TUFTS AVE,				Firm	s EIN 🕨	38-1357951
000	uny	i i i i i s duuless	NOT I TOFID AVE,	POTTE 000					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

DENVER, CO 80237

May the IRS discuss this return with the preparer shown above? See instructions

Phone no.303-740-9400

Form	1 990 (2021) COLORADO STATE UNIVERSITY FOUNDATION	23-7098397 Page
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	2
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	leasured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$59,773,592. including grants of \$59,628,424.) (Revenue	• \$
iu	CSU FOUNDATION ASSISTED IN THE PROMOTION, DEVELOPMENT AND ENHANCEMENT	
	OF FACILITIES AND EDUCATIONAL PROGRAMS AND OPPORTUNITIES OF FACULTY	
	STUDENTS, AND ALUMNI OF COLORADO STATE UNIVERSITY (CSU). DURING THE	
	YEAR, THE FOUNDATION TRANSFERRED APPROXIMATELY \$60,000,000 TO CSU AND	
	AFFILIATES. BECAUSE OF THIS AID, CSU WAS ABLE TO AWARD SCHOLARSHIPS AND	
	FELLOWSHIPS TO ITS STUDENTS; PROVIDE FOR ACADEMIC AND INSTRUCTIONAL	
	SUPPORT, RESEARCH EFFORTS, INSTITUTIONAL SUPPORT; AND OPERATION AND	
	MAINTENANCE OF FACILITIES AND EQUIPMENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$
A!	Other pression can line (Decerting on Cohedula Δ)	
4d	Other program services (Describe on Schedule O.)	N N
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 59,773,592.	
13200	2 12-09-21	Form 990 (20

COLORADO STATE UNIVERSITY FOUNDATION Form 990 (2021) COLORADO STATE UNI 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			v
-	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			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	х	А
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			Ŧ
	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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>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	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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FOUL	990	(2021)

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Pa	t IV Checklist of Required Schedules (continued)			ugo -
			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	Х	
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		x
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		<u> </u>
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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? <i>If</i> "Yes," <i>complete</i>	00		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	- 55		<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		100	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	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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Form	990 (2021) COLORADO STATE UNIVERSITY FOUNDATION 23-709839	7	P	Page 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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
Ь	If "Yes," enter the name of the foreign country	та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
		5a 5b		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
ь	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u></u>
	to file Form 8282?	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
15		15		x
	excess parachute payment(s) during the year?	15		<u> </u>
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	0000	
132005	12-09-21 5	Form	1 990	(2021)

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	<u>1</u>		
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?	4		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				
	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			x
~	persons other than the governing body?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	х	
a L		8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Ser	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		- 23
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	
b		114		
12a		12a	х	
b	· · · · · · · · · · · · · · · · · · ·	12b	х	
c		12.0		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	х	
		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?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed 🕨 🕂 , MD , MA , NH , OR , UT , CA , MI , MN , NJ , NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
20	ALLEN PADILLA - 970-491-7135			
20				
20	300 UNIVERSITY SERVICES CENTER, FORT COLLINS, CO 80523-9100			

Form 990 (2	021) COLORADO STATE UNIVERSITY FOUNDATION	23-7098397	Page 7									
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organizatio	n's tax year.									
● List a	I of the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of compe	nsation.									

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, 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	(10		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	not c , unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a d	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	io nal .		ploye	t com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHERI O'NEILL	40.00		_	0	-	1-0				
PRESIDENT/CEO		х		х				316,263.	0.	76,746.
(2) ALLEN PADILLA	40.00									
CFO/TREASURER				х				192,441.	Ο.	64,477.
(3) JILL HIGHAM	40.00									
GENERAL COUNSEL						х		125,933.	Ο.	35,751.
(4) TERILYN LARSON	40.00									
CONTROLLER						x		119,118.	0.	25,045.
(5) DIPEN PATEL	40.00									
CIS MANAGER		1				x		118,658.	0.	32,076.
(6) JAMES MARTELL	1.00									
DIRECTOR/PAST CHAIR		х		х				٥.	0.	Ο.
(7) RIC THOMAS	1.00									
DIRECTOR/CHAIR		Х		х				0.	Ο.	0.
(8) SCOTT THISTED	1.00									
DIRECTOR		Х						0.	Ο.	0.
(9) DAVID DIEHL	1.00									
DIRECTOR		Х						0.	Ο.	0.
(10) LUKE DANIEL	1.00									
DIRECTOR		Х						0.	Ο.	0.
(11) MARK SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DEB DEMUTH	1.00									
DIRECTOR/VICE CHAIR		Х		х				0.	0.	0.
(13) MICHELLE MARTINEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MORRIS PRICE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JIM DETTERICK	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
										– – – – – – – – – –

132007 12-09-21

Form 990 (2021)

15520301 147228 115779

Form 990 (2021) COLORADO STA	TE UNIVERSI	ΤY	FOU	NDA	TIO	N			23-709	839	7	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos		i than c		Reportable	Reportable		Es	stimate	эd
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation		an	nount	of
	week	offi	cer ar	nd a d	irecto	rector/trustee)		from	from related			other	
	(list any	ector						the	organizations		com	pensa	tion
	hours for	or dir	e			ited		organization	(W-2/1099-MISC	/נ		om th	
	related	stee	trustee			pense		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	ual tru	ional		ploye	t com ee		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	anizati	JIIS
		-	=	5	Å	e Hi	22			-+			
										-			
										-			
		I								\square			
										-			
1b Subtotal								872,413.		٥.		234,	
c Total from continuation sheets to Part VI	I, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								872,413.		٥.		234,	095.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				-
compensation from the organization												Yes	5 No
										ſ		res	NO
3 Did the organization list any former officer,	-			•	-		Ŭ		•		0		х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su												77	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a											-		х
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fe	or sl	ich i	oers	on .				<u> </u>	5		
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of compe	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	addraaa							(B) Description of s	onviooo	C	()	C) nsatio	n
NEPC LLC	2001035						_	Description of a			ompe	Isatio	<u> </u>
DEPARTMENT 3570, BOX 4110, WOBURN, M	A 01888							INVESTMENT MANAGEM	ENT			614	189.
WOODBERRY ASSOCIATES, LLC							_					•==,	
6227 EAGLE RIDGE RD, BETTENDORF, IA	52722							LEGISLATIVE RELATI	ONS			404	095.
BROWNSTEIN HYATT FARBER SCHRECK LLP	52722						f					101,	
PO BOX 172168, DENVER, CO 80217								LEGISLATIVE RELATI	ONS			100,	750
							-					100,	130.
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to i			ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 🕨				1	3							
											Form	990 (;	2021)

132008 12-09-21

					TE UNIV	ERSITY FOUNDA	ATION		23-709839	7 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a r	response	or note to any lin			(C)	
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns		1a					
ant	•				1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c					
fts, r Ai			Related organizations		1d					
, Gi nila			Government grants (contri		1e	77,277.				
Sir			All other contributions, gifts,			,				
her		•	similar amounts not included		1f	71,892,242.				
Iot		q	Noncash contributions included in I		1g \$	7,271,609.				
Cor		-	Total. Add lines 1a-1f				71,969,519.			
						Business Code				
Ð	2	а								
vic		b								
Sei		с								
am Ser evenue		d								
Program Service Revenue		е								
Pr		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ	ling divider	nds, intere	est, and				
			other similar amounts)			►	5,257,085.			5,257,085.
	4		Income from investment o	of tax-exem	pt bond p	oroceeds 🕨 🕨				
	5		Royalties							
				(i)) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses \dots	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)			🕨				
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 277,9	69,482.					
		b	Less: cost or other basis							
anu			and sales expenses	7b 196,3						
evenue			()	7c 81,5						
			Net gain or (loss)			····· •	81,595,544.			81,595,544.
Other R	8	а	Gross income from fundraisin							
0			including \$							
			contributions reported on							
		Ŀ	Part IV, line 18							
			Less: direct expenses Net income or (loss) from t							
			Gross income from gamin							
	9	a	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory, le							
			and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from a		····· —					
		-			- J .	Business Code				
snc	11	а	UBI FROM K-1S			523000	4,144,165.		4,144,165.	
Miscellaneous Revenue			MISCELLANEOUS			900099	356,277.			356,277.
ella		с								
lisc B			All other revenue							
≥			Total. Add lines 11a-11d			►	4,500,442.			
	12		Total revenue. See instructio				163,322,590.	٥.	4,144,165.	87,208,906.
13200	9 12-	-09-	21							Form 990 (2021)
							<u>^</u>			

COLORADO STATE UNIVERSITY FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

23-7098397 Page **10**

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, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 59,628,424 59,628,424 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 865,523 trustees, and key employees 865,523. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,072,746. 1,072,746. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 97,211 97,211 192,000 192,000 Other employee benefits 9 115,934 115,934 10 Payroll taxes 11 Fees for services (nonemployees): Management а 15,129. 15,129 b Legal 104,986. 104,986 С Accounting 434,784 434,784, Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 8,883,436. 8,883,436. f Other. (If line 11g amount exceeds 10% of line 25, g 72 515 72,515 column (A), amount, list line 11g expenses on Sch 0.) 366 366 12 Advertising and promotion 200,591 200,591 13 Office expenses 232,184, 232,184 14 Information technology Royalties 15 16 Occupancy 12,700 12,700. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,894. 8,894. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 70,627 70,627 22 Depreciation, depletion, and amortization 79,716. 39,310. 40,406. 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.) MISC. PROGRAM EXPENSES 105,858. 105,858. а b С d 86,298 86,298 All other expenses е 12,506,330 72,279,922 59,773,592, Ο. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

10 2021.05050 COLORADO STATE UNIVERSITY 115779_1

Form 990 (2021)

of year 219,259. Cash - n 959,477. Savings

Check if Schedule O contains a response or note to any line in this Part X	
	(A) Beginning o
Cash - non-interest-bearing	2
Savings and temporary cash investments	2,9
Diadage and grante reacively not	31.8

COLORADO STATE UNIVERSITY FOUNDATION

				·····			· · ·
	3	Pledges and grants receivable, net		31,868,350.	3	35,507,919.	
	4	Accounts receivable, net		112,659.	4	44,850.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tributor, or 35%				
		controlled entity or family member of any of thes	e persor	s		5	
	6	Loans and other receivables from other disqualit	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectio	n 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				38,842.	9	53,462.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	648,022.			
	b	Less: accumulated depreciation		241,442.	472,150.	10c	406,580.
	11	Investments - publicly traded securities			435,442,615.	11	405,577,109.
	12	Investments - other securities. See Part IV, line 1			258,713,435.	12	259,486,550.
	13	Investments - program-related. See Part IV, line			1,568,377.	13	1,392,026.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,105,135.	15	1,145,387.
	16	Total assets. Add lines 1 through 15 (must equa	732,500,299.	16	706,044,439.		
	17	Accounts payable and accrued expenses			459,846.	17	468,993.
	18	Grants payable	4,395,171.	18	6,918,339.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			17,499,115.	21	16,203,343.
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst	tributor, or 35%				
Liabilities		controlled entity or family member of any of thes	s		22		
Ľ	23	Secured mortgages and notes payable to unrela	ted third			23	
	24	Unsecured notes and loans payable to unrelated	l third pa	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			830,924.	25	741,906.
	26	Total liabilities. Add lines 17 through 25			23,185,056.	26	24,332,581.
		Organizations that follow FASB ASC 958, che	ck here	► X			
Balances		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			48,531,778.	27	30,527,124.
Ba	28	Net assets with donor restrictions			660,783,465.	28	651,184,734.
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund	32	Total net assets or fund balances			709,315,243.	32	681,711,858.
	33	Total liabilities and net assets/fund balances			732,500,299.	33	706,044,439.

Form 990 (2021)

459,164.

1,971,392.

11 2021.05050 COLORADO STATE UNIVERSITY 115779_1

1

2

Form 990 (2021) Part X Balance Sheet

1

2

Form	990 (2021) COLORADO STATE UNIVERSITY FOUNDATION	23-70983	97	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	163	,322,	590.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	,279,	922.
3	Revenue less expenses. Subtract line 2 from line 1	3	91	,042,	668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	709	,315,	243.
5	Net unrealized gains (losses) on investments	5	-114	,676,	403.
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	- 3	,969,	650.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	681	,711,	858.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

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.

Ν

Name of the organization Employer identification numbers								r identification number	
				SITY FOUNDATION					23-7098397
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege 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 gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) is the ora:	anization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount of	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
.									
Tota	<u> </u>								

OMB No. 1545-0047

2021

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COLORADO STATE UNIVERSITY FOUNDATION

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Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	66,473,118.	59,869,666.	57,022,493.	103,579,549.	71,969,519.	358,914,345.
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	66,473,118.	59,869,666.	57,022,493.	103,579,549.	71,969,519.	358,914,345.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						38,170,630.
	Public support. Subtract line 5 from line 4.						320,743,715.
	ction B. Total Support				1	1	[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	66,473,118.	59,869,666.	57,022,493.	103,579,549.	71,969,519.	358,914,345.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,200,968.	7,069,223.	6,473,177.	5,829,253.	5,257,085.	31,829,706.
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.)	70,229.	59,863.	272,403.	440,150.	356,277.	
	Total support. Add lines 7 through 10						391,942,973.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th						. —
800	organization, check this box and stop						····· ▶
	ction C. Computation of Publi		•	. (7)			01 02 07
	Public support percentage for 2021 (li					14	81.83 %
	Public support percentage from 2020					15	84.14 %
168	33 1/3% support test - 2021. If the c						N
Ŀ	stop here. The organization qualifies	. ,	•		line 15 in 00 1/00/		
D	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual				10 10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		-	
L	meets the facts-and-circumstances te	•	•		•	Za and line 15 is	
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		••••		
10	Trivate roundation. In the organizatio	IT GIG HOL CHECK & I		, 100, 17a, 01 17b			(Form 990) 2021
						Contraction A	

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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) 2017	(b) 2018	(c) 2019	(d) 2020		e) 2021	(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 disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support				•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	((e) 2021	(f) Total	
9	Amounts from line 6								
	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 require approach on								
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,	
	check this box and stop here								
Sec	ction C. Computation of Public	c Support Pe	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), ‹	divided by line 13,	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16			%
Sec	ction D. Computation of Inves	tment Incom	e Percentage						
17	Investment income percentage for 20	21 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17			%
18	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2021. If the					33 1/39	%, and line 1	7 is not	
	more than 33 1/3%, check this box an								
b	33 1/3% support tests - 2020. If the	-	-				n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, chec	-						r	
20	Private foundation. If the organization							>	
	23 01-04-22		/ /	i				(Form 990)	2021

Yes No

Part IV Supporting Organizations

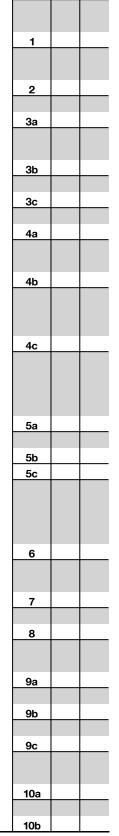
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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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gs in the tax year? *(Use Schedule)* <u>ss holdings.)</u> 16 2021.05050 CO



Schedule A (Form 990) 2021

		23-7098397	Pa	age
Pai	t IV Supporting Organizations (continued)		<u>т</u>	
			Yes	1
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
ec	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one suppo organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	cers, rted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations		_	_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	
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		
ec	tion E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instruction	1 <u>s).</u>	_
-			1	

- 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

15520301 147228 115779

Sche	dule A (Form 990) 2021 COLORADO STATE UNIVERSITY FOUNDAT	ION		23-7098397 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			,
Sect	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
Sect	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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

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instructions).

Schedule A	(Form 990) 2021
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> 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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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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:

MISCELLANEOUS					
2017 AMOUNT: \$	70,229.				
2018 AMOUNT: \$	59,863.				
2019 AMOUNT: \$	272,403.				
2020 AMOUNT: \$	440,150.				
2021 AMOUNT: \$	356,277.				
					_
132028 01-04-22			20	Sc	hedule A (Form 990) 2021

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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

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2021

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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		ZUZ I		
Name of the organization	Name of the organization				
	COLORADO STATE UNIVERSITY FOUNDATION		23-7098397		
Organization type (chec	k 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				
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	≀ule. See	instructions.		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo	-			
Special Rules					
sections 509(a) contributor, du	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., so the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., so totaled total state total state total state of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., so totaled total state of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., so the parts unless 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) (2021)

Schedule B

(Form 990)

Part I	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			
		\$\$\$\$	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		\$2,132,413.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$2,135,566.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

COLORADO STATE UNIVERSITY FOUNDATION

Name of organization

Page **2**

Employer identification number

23-7098397

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123452 11-11-21

15520301 147228 115779

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

COLORADO STATE UNIVERSITY FOUNDATION

23-7098397

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,906,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

15520301 147228 115779

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED STOCK		
2		\$1,000,92	13. 12/27/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED STOCK		
		\$1,994,34	48. 01/06/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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123453 11-11-21

Schedule B (Form 990) (2021) Name of organization

2021.05050 COLORADO STATE UNIVERSITY 115779_1

Schedule B (Form 990) (2021)

Employer identification number

|--|

lame of or	ganization		Employer identification number
OLORADO	STATE UNIVERSITY FOUNDATION		23-7098397
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-11-	21		Schedule B (Form 990) (20

15520301 147228 115779

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990)				7	2021	
	Complete	if the organization is described	below. 🕨 Attach to	o Form 990 or Form 9	90-EZ.	Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the	latest information.		Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	ne 46 (Political Campa	aign Activ	ities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	arts I-A and C below.	Do not complete Part	I-B.	
 Section 527 organization 	ations: Complete	e Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), the	en
		nave filed Form 5768 (election unc		•	•	
		nave NOT filed Form 5768 (election				•
-		i Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ, F	Part V, line 35c (Proxy
Tax) (See separate inst		ions: Complete Part III.				
Name of organization	, or (o) organizat				Employer	r identification number
······	COLORADO SI	TATE UNIVERSITY FOUNDATIO	N			23-7098397
Part I-A Comple		anization is exempt unde		or is a section 52	7 organ	
		•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		▶\$	
	•	incurred by organization manager				
		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 Complete		anization is exempt under	section 501(c)	except section 5	01(c)(3)	
		by the filing organization for sect		•	► \$	·
		ization's funds contributed to othe			Ψ	
exempt function ac					▶\$	
•		. Add lines 1 and 2. Enter here and			• •	
•	•				▶\$	
						Yes No
		ployer identification number (EIN)				filing organization
made payments. Fo	or each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also ent	er the am	ount of political
	•	omptly and directly delivered to a s			parate seg	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part I	IV.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fr		e) Amount of political
				filing organizatior funds. If none, ente		ntributions received and promptly and directly
					d 1	lelivered to a separate
						political organization. If none. enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

	COLORADO STATE UN)98397 Page 2
Part II-A Complete if the org	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).	tion la la constance de la cons				
	•	•	Part IV each affiliated g	group member's name	, address, EIN,
	re of excess lobbying e	, ,			
B Check ▶ if the filing organiza	ation checked box A an	a "limited control" pro	visions apply.	(a) Filing	(b) Affiliated arous
	ts on Lobbying Expen			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		434,784.	
c Total lobbying expenditures (add li				434,784.	
d Other exempt purpose expenditure				62,961,702.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)			63,396,486.	
f_Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is: The lobl	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	,			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	,			0.	
j If there is an amount other than ze		, 0		Г	
reporting section 4911 tax for this			0	L	YesNo
(Some organizations t		raging Period Under		f the five columns be	low
		te instructions for lin			
	•	ditures During 4-Yea	<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)					
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	413,166.	440,190.	455,200.	434,784.	1,743,340.
	050 000	050.000	050,000	050 000	1 000 000
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					1 500 000
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	1				

Schedule C (Form 990) 2021

132042 11-03-21

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1)
	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)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
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?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	tion	
Fai	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."		<i>b)</i> i art i	n <i>A</i> , inte	0,10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
	Total				
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	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	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	list); Part II-A	. lines 1 a	nd 2 (See	

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

Schedule C (Form 990) 2021

132043 11-03-21

		Supplemente	L Einanaial Statamanta			1	OMB No. 1	545-00)47
SCH (Form 9			Al Financial Statements anization answered "Yes" on Form 990,			_	20	21	
(Form :	990)	Part IV, line 6, 7, 8, 9, 10,	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b				ZU		
	ent of the Treasury evenue Service		Attach to Form 990. 90 for instructions and the latest informa	tion.			Open to Inspect		IIC
-	of the organizati				Emp	oloyer i	dentificatio	n nun	nber
		COLORADO STATE UNIVERSITY F					3-709839		
Part		ations Maintaining Donor Advised		r Acc	our	i ts. c	complete if t	ne	
	organizatio	n answered "Yes" on Form 990, Part IV, line							
			(a) Donor advised funds	(b)) Fun	ds and	other accou	ints	
		nd of year							
		f contributions to (during year)							
		f grants from (during year)							
		t end of year							
	-	on inform all donors and donor advisors in v	-			1	∑ Y • •		7
		on's property, subject to the organization's e on inform all grantees, donors, and donor ac				l	Yes		No
		poses and not for the benefit of the donor or							
	npermissible priv					ſ	Yes		No
Part		ation Easements. Complete if the org	anization answered "Yes" on Form 990 Pa	art IV lin	ne 7	<u></u>			
2 0	Protection c	n of land for public use (for example, recreat of natural habitat n of open space through 2d if the organization held a qualifi	Preservation of a	certifie	ed his	storic st	tructure		t
d	lay of the tax yea	r.		_		Held at	t the End of t	ie Tax	Year
a T	otal number of co	onservation easements		L	2a				
	•			····· ⊢	2b	 			
		vation easements on a certified historic stru			2c				
		vation easements included in (c) acquired a							
		nal Register			<u>2d</u>		No. 1		
	vumber of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the c	rganiza	tion	auring	the tax		
,		 where property subject to conservation eas	ement is located						
		tion have a written policy regarding the peri							
		orcement of the conservation easements it				[Yes		No
		r hours devoted to monitoring, inspecting, I		vation	ease	ments	during the y	ear	
	•								
7 A	mount of expens	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n ease	men	ts durin	ig the year		
	►\$								
8 D	oes each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)					_
)(4)(B)(ii)?					Yes] No
		be how the organization reports conservation	-						
		d include, if applicable, the text of the footn	ote to the organization's financial statemer	ts that	desc	ribes th	ne		
	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical Traceuras or Oth	or Ci-		r Acc:	-t		
Part		f the organization answered "Yes" on Form	, ,	ei 311	md	1 4226	513.		

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990. Part VIII. line 1

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		Ф

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29 21 05050 COLOBADO STATE

Sche		TATE UNIVERSITY				98397	Pa	age 2			
Pa	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	er Similar Asse	ts _{(conti}	nued)				
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant use of its	3					
	collection items (check all that apply):			Ū	0						
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е		0 1 0							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	t IV Escrow and Custodial Arrang							<u>No</u>			
	reported an amount on Form 990, Par		ine in the englishment			,,					
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets not	included						
14	on Form 990, Part X?				_	Yes	X	No			
h	If "Yes," explain the arrangement in Part XIII				L						
D.			owing table.			Amour	nt				
~	Reginning balance				1c	,					
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fo					X Yes		No			
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	165	X				
Pa								<u></u>			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Fou	r vears	hack			
10	Beginning of year balance	554,638,093.	422,200,747.	., ,		_	,536,				
		31,548,698.	52,072,970.				,720,				
	Contributions	-16,873,360.	130,779,825.				,022,				
	Net investment earnings, gains, and losses	43,188,030.	34,790,355.				<u>,905,</u>				
	Grants or scholarships	43,100,030.	54,750,555.	13,334,302.	5,555,754	. 10	, , , ,	001.			
е	Other expenditures for facilities		15 625 094	2 054 840		_2	226	107			
	and programs		13,023,094.	2,054,840.		-2	,226,	107.			
	Administrative expenses	506 105 401	EE1 629 002	422 200 747	425 466 225	4.01	500	260			
g	End of year balance		· · · · · ·	422,200,747.	425,400,525	• 401	,599,	209.			
2	Provide the estimated percentage of the curr) held as:							
a	Board designated or quasi-endowment	2.4050	_%								
		%									
С	Term endowment 38.7510										
•	The percentages on lines 2a, 2b, and 2c show	•									
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered for t	he organization		Yes	No			
	by:						res	X			
	(i) Unrelated organizations							X			
	(ii) Related organizations					. <u>3a(ii)</u>					
b	If "Yes" on line 3a(ii), are the related organiza					3b					
4 Dai	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment funds.								
Ta	Complete if the organization answered		Part IV line 11a S	oo Form 000 Part V	lino 10						
						() 5					
	Description of property	(a) Cost or of	• •			(d) Boo	ok valu	e			
		basis (investm	nent) basis		epreciation						
	Land										
	Buildings										
	Leasehold improvements			C40, 000	241 442		400	F 00			
	Equipment			648,022.	241,442.		406,	580.			
	Other						100	F00			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>X, column (B), line 1</u>	<u>)c.)</u>				580.			
					Schedu	le D (Fori	n 990)	2021			

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Part VII Investments - Other Securities.

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 END-OF-YEAR MARKET VALUE END-OF-YEAR MARKET VALUE END-OF-YEAR MARKET VALUE END-OF-YEAR MARKET VALUE		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) CASH/CASH EQUIV UNDER INV MGMT	10,058,221.	END-OF-YEAR MARKET VALUE		
(B) HEDGED EQUITIES	5,992,947.	END-OF-YEAR MARKET VALUE		
(C) PRIVATE EQUITY	243,020,523.	END-OF-YEAR MARKET VALUE		
(D) PASSIVE PARTNERSHIP INTERESTS	414,859.	END-OF-YEAR MARKET VALUE		
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	259,486,550.			

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	

(a) Description of liability (b) Book value 1 (1) Federal income taxes LIFE INCOME AGREEMENTS 741,906. (2) (3) (4) (5) (6) (7) (8) (9) 741,906. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 COLORADO STATE UNIVERSITY FOUNDATION			23-709	8397	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts 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	36,384	1,342.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-114,676,403.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		765,756.			
е	Add lines 2a through 2d			2e	-113,910),647.
3	Subtract line 2e from line 1			3	150,294	1,989.
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	8,883,436.			
b	Other (Describe in Part XIII.)	4b	4,144,165.			
с	Add lines 4a and 4b			4c	13,027	7,601.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	163,322	2,590.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	63,987	727.
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					
с	Other losses					
d	Other (Describe in Part XIII.)		591,241.			
е	Add lines 2a through 2d			2e	591	.,241.
3	Subtract line 2e from line 1			3	63,396	5,486.
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	8,883,436.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	8,883	3,436.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	72,279	922.
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part ۱	V, lines 1b	and 2b; Part V, line 4	; Part X, lir	e 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional infor	mation.			
PART	IV, LINE 2B:					
DEPC	SITS HELD IN CUSTODY ARRANGEMENT:					
		-				
THE	FOUNDATION HAS BEEN DESIGNATED BY THE BOARD OF GOVERNORS OF TH	E				
001 0						
COLO	RADO STATE UNIVERSITY (CSU) SYSTEM AS THE OFFICIAL REPOSITORY	FOR ALL				
CT DU	C OF CACH CECHDIMIEC AND OMUED ACCEME CIVEN MO CON FOD MUE IL					
GIFI	S OF CASH, SECURITIES, AND OTHER ASSETS GIVEN TO CSU FOR THE U	SE AND				
BENE	FIT OF CSU, OTHER THAN THOSE REQUIRED BY LAW TO BE KEPT BY CSU					
DENE	TI OF COO, OTHER THAN THOSE REQUIRED BY DAW TO BE REFT BY COO	•				
ENDO	WMENTS AND THE RELATED EXPENDABLE FUND ARE HELD BY THE FOUNDAT	TON FOR				
ENDO	WHENTS AND THE REPARED EXTENDED FOND ARE HED DI THE FOUNDAT.	ION FOR				
TNVE	STMENT SAFEKEEPING. THE FOUNDATION REPORTS ON THESE FUNDS TO	CSU				
REGU	LARLY.					
PART	V, LINE 4:					
INTE	NDED USES OF ENDOWMENT FUNDS:					
132054	10-28-21			Schedule	D (Form 99	0) 2021

15520301 147228 115779

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS SHALL BE USED BY CSU FOR PURPOSES SET FORTH BY THE

ENDOWMENT DONOR(S). SUCH USES INCLUDE BUT ARE NOT LIMITED TO SCHOLARSHIP,

RESEARCH, ACADEMIC INSTRUCTION, AND OUTREACH.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM TAX

UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND

RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED

THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT, AS OF

JUNE 30, 2022 AND 2021, THERE ARE NO MATERIAL UNCERTAIN POSITIONS TAKEN OR

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR

DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO

ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO

AUDITS FOR ANY TAX PERIODS IN PROGRESS.

 PART XI, LINE 2D - OTHER ADJUSTMENTS:

 TRANSFER FROM CSURF
 277,266.

 ACTUARIAL CHANGE IN VALUE OF LIFE INCOME AGREEMENTS
 362.

 NET INVESTMENT GAINS ON DEPOSITS HELD IN CUSTODY FOR CSU
 488,128.

 TOTAL TO SCHEDULE D, PART XI, LINE 2D
 765,756.

33

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME FROM PARTNERSHIPS 4,144,165.

Schedule D (Form 990) 2021

132055 10-28-21

PART XII, LINE 2D - OTHER ADJUSTMENTS:								
CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	591,241.							
	S	chedule D (Form 990) 2021						
132055 10-28-21								

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COLORADO STATE UNIVERSITY FOUNDATION

23-7098397

Page 5

 Schedule D (Form 990) 2021
 COLORADO
 STATE

 Part XIII
 Supplemental Information
 (continued)

Department of the Treasury Internal Revenue Service	information.	Open to Public Inspection			
Name of the organization				Employ	yer identification number
COLORADO STATE UNIV	VERSITY FOUNDATI	ON		23-7	098397
Part I General I	nformation on A	ctivities Out	side the United States. Comple	ete if the organization ar	nswered "Yes" on
Form 990, F	Part IV, line 14b.		· · · · · · · · · · · · · · · · · · ·	-	
1 For grantmakers.	Does the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other assistanc	e,
the grantees' eligib	ility for the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers.	Describe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assist	tance outside the
United States.					
3 Activities per Regio	n. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	(e) If activity listed is a program serv describe specific of service(s) in the	vice, expenditures type for and investments

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

CENTRAL					
AMERICA/CARIBBEAN	0	0	INVESTMENTS	N/A	75,058,517.
EUROPE	0	0	INVESTMENTS	N/A	17,138,715.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	INVESTMENTS	N/A	25,927,537.
3 a Subtotal	0	0			118,124,769.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			118,124,769.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

20

132071 12-20-21

SCHEDULE F (Form 990)

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)		
			ecognized as charities by the t							
			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	►				
3 Enter total number of other organizations or entities										

COLORADO STATE UNIVERSITY FOUNDATION

23-7098397

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(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) 2021

Page 3

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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>	Yes	X 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>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <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) 2021

Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds); Pa	
	investments vs. expenditures per region); Part II, line 1 (accounting method	
	(estimated number of recipients), as applicable. Also complete this part to	o provide any additional information. See instructions.
_		
132075 12-20-	-21 39	Schedule F (Form 990) 2021
	49	

15520301 147228 115779

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		N A	Attach to For				Open to Public		
		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.				
Name of the organization COLORADO STATE	E UNIVERSITY F	OUNDATION					Employer identification number 23-7098397		
Part I General Information on Grants and	nd Assistance								
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?								
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Part	t 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		
COLORADO STATE UNIVERSITY OVAL DRIVE FORT COLLINS, CO 80523	84-6000545	GOVERNMENT	59,578,424.	0.			EDUCATION		
BORDERLANDS RESTORATION NETWORK PO BOX 121 PATAGONIA, AZ 85624	47-2581032	501C3	50,000.	0.			CONSERVATION		
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 							2.		

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

Schedule I (Form 990) 2021

COLORADO STATE UNIVERSITY FOUNDATION

23-7098397

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 informat	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	dditional information.	
ART I, LINE 2:					
DNITORING PROCEDURES:					
OR GRANTS TO CSU, UPON ESTABLISHMENT OF A NEW	W GIFT FUND, A DES	SIGNATED CSU			

REPRESENTATIVE RECEIVES FUND DOCUMENTATION (INCLUDING DONOR'S INTENTIONS)

AND AGREES TO ENSURE DONOR INTENT IS MET. REGULAR, PERIODIC CERTIFICATIONS

ARE GENERATED BY THE FOUNDATION AND DISSEMINATED TO CSU REPRESENTATIVES FOR

REVIEW AND ATTESTATION THAT ALL AMOUNTS TRANSFERRED TO CSU DURING THE

REPORTING PERIOD HAVE BEEN EXPENDED OR USED IN ACCORDANCE WITH DONOR'S

INTENTIONS. FOR GRANTS TO ENTITIES OUTSIDE OF CSU FOR CSU PUBLIC SERVICE

Part IV Supplemental Information

INITIATIVES, A GRANT AGREEMENT IS ENTERED INTO WITH THE GRANTEE WHICH LAYS

FORTH TERMS AND REPORTING REQUIREMENTS. GRANTEES ARE REQUIRED TO SUBMIT

REPORTS DEMONSTRATING HOW THE FUNDS WERE SPENT.

PART II, LINE 1H, PURPOSE OF GRANTS OR ASSISTANCE:

FOR GRANTS TO CSU, PURPOSES SET FORTH BY THE DONOR ARE COMMUNICATED TO

CSU FOR ALL ASSISTANCE PROVIDED FROM CSU FOUNDATION TO CSU. SUCH

PURPOSES INCLUDE BUT ARE NOT LIMITED TO SCHOLARSHIP, RESEARCH, ACADEMIC

INSTRUCTION, CAPITAL IMPROVEMENTS, AND INSTITUTIONAL SUPPORT. FOR

GRANTS TO ENTITIES OUTSIDE OF CSU, CSU'S SALAZAR CENTER FOR NORTH

AMERICAN CONSERVATION INSTITUTED A CONNECTIVITY CHALLENGE TO ASSIST

NON-PROFIT ORGANIZATIONS IN DEVELOPING SOLUTIONS FOR CONSERVATION.

Schedule I (Form 990)

sc	HEDULE J	Compens	ation Information	I	OMB No. 1	545-004	47	
(Fo	rm 990)		s, Trustees, Key Employees, and Highest		0004			
•		Comp	ensated Employees		20	८		
_			nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to Public			
	tment of the Treasury al Revenue Service		for instructions and the latest information.			Inspection		
Nam	ne of the organizatio	1		Employer id	entificatio	tion number		
		COLORADO STATE UNIVERSITY F	OUNDATION	23-70	98397			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any o	f the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relev	ant information regarding these items.					
	First-class or d	harter travel	Housing allowance or residence for person	nal use				
	Travel for com	•	Payments for business use of personal res	sidence				
	Tax indemnifie	ation and gross-up payments	Health or social club dues or initiation fees	3				
	Discretionary	spending account	Personal services (such as maid, chauffeu	r, chef)				
b	•	on line 1a are checked, did the organization f						
	reimbursement or p	rovision of all of the expenses described abo	ve? If "No," complete Part III to explain		. 1b			
2	Did the organizatio	n require substantiation prior to reimbursing o	or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		. 2			
3			stablish the compensation of the organization's					
			boxes for methods used by a related organization	on to				
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
		ompensation consultant	Compensation survey or study					
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee				
	Duning the upon dis							
4		any person listed on Form 990, Part VII, Sec	tion A, line 1a, with respect to the filing					
-	organization or a re				4-		x	
a L		e payment or change-of-control payment?					X	
b	-	eive payment from a supplemental nonqualifi					X	
С		eive payment from an equity-based compens			40			
	I fes to any of in	es 4a-c, list the persons and provide the app						
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9					
5			he organization pay or accrue any compensatio	n				
Ŭ	contingent on the r		The organization pay of accide any compensation					
а	•				5a		x	
							x	
		r 5b, describe in Part III.						
6			he organization pay or accrue any compensatio	n				
•	contingent on the r							
а					6a		x	
							x	
~		r 6b, describe in Part III.						
7			he organization provide any nonfixed payments					
•					7		x	
8	 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 							
-		ption described in Regulations section 53.49			8		x	
9		d the organization also follow the rebuttable						
-		-			9			
LHA		eduction Act Notice, see the Instructions for			le J (Form	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021

23-7098397

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHERI O'NEILL	(i)	315,645.	0.	618.	41,091.	35,655.	393,009.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLEN PADILLA	(i)	191,823.	0.	618.	24,929.	39,548.	256,918.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Employer identification number

Name of the	organization
-------------	--------------

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

ZATION COLORADO STATE UNIVERSITY FOUNDATION

COLORADO STATE UNIVERSITY FOUNDATION 23-709							7	
Pa	t 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 d noncash contrib	etermin	0	s
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	X	235	6,856,750.	AVERAGE OF HIGH	LOW		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	X	4	414,859.	EXPERT OPINION			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organized	-						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.							
31							X	<u> </u>
32a	B2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							1
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	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 Instruct	tions for Form 990).	Schedule I	M (Forn	n 990)	2021

Schedule M (Form 990) 2021 COLORADO STATE UNIVERSITY FOUNDATION

Part II 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 this part for any additional information.

CSU CONDUCTS FUNDRAISING FOR ALL GIFTS (BOTH CASH AND NONCASH). GIFTS

OF CASH AND GIFTS OF SECURITIES FOR THE BENEFIT OF CSU ARE RECEIVED BY

THE FOUNDATION. PER AN AGREEMENT BETWEEN THE FOUNDATION AND CSU, ALL

GIFTS RECEIVED BY THE FOUNDATION ARE PROCESSED BY CSU.

Schedule M (Form 990) 2021

15520301 147228 115779

132142 11-17-21

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047					
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		ZUZ I Open to Public					
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Inspection					
Name of the organizatior	COLORADO STATE UNIVERSITY FOUNDATION		identification number					
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
COLORADO STATE UNI	VERSITY FOUNDATION ASSISTS IN THE PROMOTION,							
DEVELOPMENT, AND E	NHANCEMENT OF FACILITIES AND EDUCATIONAL PROGRAMS AND							
ENHANCEMENTS OF FA	CULTY, STUDENTS, AND ALUMNI OF COLORADO STATE							
UNIVERSITY (CSU).	THIS IS ACCOMPLISHED THROUGH RECEIVING, MANAGING, AND							
INVESTING GIFTS. P	RINCIPAL AND/OR INCOME FROM THESE GIFTS ARE USED FOR							
SCIENTIFIC, LITERA	RY OR EDUCATIONAL PURPOSES WHICH DIRECTLY OR							
INDIRECTLY AID AND	BENEFIT CSU.							
FORM 990, PART VI,	SECTION A, LINE 1A:							
COMPOSITION OF THE	BOARD OF DIRECTORS:							
THE BOARD OF DIREC	TORS OF THE FOUNDATION CONSISTS OF ELEVEN VOTING MEMBERS							
AND FOUR, EX-OFFIC	IO, NON-VOTING MEMBERS. VOTING BOARD MEMBERS CONSIST OF							
TEN COMMUNITY MEMB	ERS AND THE PRESIDENT OF THE FOUNDATION. NON-VOTING BOARD							
MEMBERS CONSIST OF	THE PRESIDENT OF COLORADO STATE UNIVERSITY, THE VICE							
PRESIDENT FOR UNIV	ERSITY OPERATIONS, THE VICE PRESIDENT FOR UNIVERSITY							
ADVANCEMENT, AND A	MEMBER OF THE UNIVERSITY'S BOARD OF GOVERNORS WHO HOLDS							
THE POSITION OF LI	AISON TO THE FOUNDATION.							
FORM 990, PART VI,	SECTION B, LINE 11B:							
REVIEW OF 990:								
AS DOCUMENTED IN M	EETING MINUTES, THE FOUNDATION'S BOARD OF DIRECTORS HAS							
BEEN ENGAGED IN TH	BEEN ENGAGED IN THE REPORTING REQUIREMENTS OF FORM 990. AT THE BOARD							
MEETING PRIOR TO F	ILING THE FORM 990, EACH DIRECTOR RECEIVED, REVIEWED AND							
APPROVED A COPY OF	THE COMPLETED FORM 990.							
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021					

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COLORADO STATE UNIVERSITY FOUNDATION	23-7098397
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY:	
DIRECTORS OF THE FOUNDATION'S BOARD AND EMPLOYEES OF THE FOUNDATION ARE	
PROVIDED COMPANY POLICIES ON OR BEFORE THEIR FIRST DATE OF SERVICE FOR THE	
FOUNDATION. ALL DIRECTORS AND KEY EMPLOYEES OF THE FOUNDATION'S BOARD ARE	
REQUESTED TO COMPLETE AND SUBMIT A DISCLOSURE OF POTENTIAL AND KNOWN	
CONFLICT(S) OF INTEREST ANNUALLY OR MORE FREQUENTLY IF CONFLICTS ARISE	
SOONER. ANY DISCLOSED RELATIONSHIPS ARE DISCUSSED WITH LEGAL COUNSEL AND A	
DETERMINATION MADE AS TO WHETHER THE RELATIONSHIP CONSTITUTES A CONFLICT OF	
INTEREST. SHOULD A CONFLICT OF INTEREST BE DETERMINED TO EXIST, THE BOARD	
IS INFORMED AND THE BOARD DETERMINES APPROPRIATE ACTION IF NECESSARY. SUCH	
ACTION MAY INCLUDE PROHIBITING THE DIRECTOR FROM PARTICIPATING IN CERTAIN	
DELIBERATIONS AND DECISIONS OR RECUSING THE DIRECTOR FROM THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION POLICY:	
THE FOUNDATION'S PROCESS FOR DETERMINING COMPENSATION OF ALL OF ITS	
EMPLOYEES BEGINS WITH IDENTIFYING RESPONSIBILITIES OF THE POSITION.	
SALARIES ASSOCIATED WITH COMPARABLE POSITIONS WITHIN THE NONPROFIT SECTOR	
AND GEOGRAPHIC AREA ARE CONSIDERED, AS WELL AS THE EMPLOYEE'S RELEVANT	
EXPERIENCE AND EDUCATION. SALARY AND WAGE RATES FOR NEW EMPLOYEES AND ANY	
CHANGES TO PAY RATES ARE APPROVED BY THE PRESIDENT/CEO OR HIS/HER DESIGNEE.	
THE CHAIRPERSON OF THE FOUNDATION'S BOARD OF DIRECTORS DETERMINES	
COMPENSATION FOR THE PRESIDENT/CEO USING THE FOREMENTIONED PROCESS AND	
PROPOSES THE COMPENSATION OR CHANGES TO COMPENSATION TO THE VOTING	
DIRECTORS FOR APPROVAL. THE PRESIDENT/CEO DETERMINES THE COMPENSATION FOR	
OTHER TOP OFFICIALS. THE BOARD OF DIRECTORS THEN APPROVES THE COMPENSATION	
ON AN INDIVIDUAL POSITION BASIS FOR OTHER TOP OFFICIALS IN CONJUNCTION WITH	
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Name of the organization

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Employer identification number

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
COLORADO STATE UNIVERSITY FOUNDATION	23-7098397
ITS REVIEW AND APPROVAL OF THE FOUNDATION'S BUDGET. BOARD-APPROVED	
COMPENSATION AND CHANGES IN COMPENSATION ARE COMMUNICATED BY THE	
CHAIRPERSON TO THE PRESIDENT/CEO AND CFO. APPROPRIATE DOCUMENTATION OF T	HE
COMPENSATION PROCESS IS MAINTAINED IN THE FOUNDATION'S RECORDS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE OF DOCUMENTS TO THE PUBLIC:	
THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS, IRS FORM 990, AND IRS FORM	М
1023 ARE AVAILABLE VIA THE FOUNDATION'S WEBSITE AT WWW.CSUFOUNDATION.ORG	
ALSO AVAILABLE ON ITS WEBSITE IS THE FOUNDATION'S OPEN RECORDS POLICY WH	ICH
ADDRESSES WHAT RECORDS ARE CONSIDERED PUBLIC RECORDS OPEN FOR INSPECTION	
AND THE PROCESS FOR REQUESTING SUCH RECORDS.	
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL CHANGE IN VALUE OF LIFE INCOME AGREEMENTS 3	62.
NET INVESTMENT GAINS ON DEPOSITS HELD IN CUSTODY FOR CSU 488,1	28.
TRANSFERS FROM CSU RESEARCH FOUNDATION 277,2	66.
UNRELATED BUSINESS INCOME FROM PARTNERSHIPS -4,144,1	65.
CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -591,2	41.
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